

**UNIVERSITY OF WINCHESTER**

Developing a practical theology of the Christian ministry of healing, in  
dialogue with the work of Paul Tournier.

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Doctor of Theology and Practice

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This thesis has been completed as a requirement for a postgraduate  
research degree at the University of Winchester.



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Names: Michael Slinn and Lucrezia Slinn (family) and Abigail Whittall (UoW colleague).

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This work is dedicated to my father Len and our beloved Philippa, who both left us in 2015. Her loss began it all.

# Abstract

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## ABSTRACT

Developing a practical theology of the Christian ministry of healing, in dialogue with the work of Paul Tournier.

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This practical theology research project is concerned with developing the Christian ministry of healing in dialogue with Paul Tournier, a twentieth century Swiss physician with a Calvinist background. Over the half a century of his work, Tournier developed an integrated approach to his clinical practice by treating the 'whole person': physical, psychological and spiritual. He believed that spiritual and psychological wellbeing fundamentally affect physical health. He named his overall approach as *Médecine de la Personne* (tr Medicine of the Person), the most important element of this being a transformative encounter with Jesus Christ. This project aims to further develop the Christian healing ministry (CHM) by revisiting his work and methods, which although aimed at clinicians, have resonance and practical purpose for CHM practitioners today.

In this study the main themes that supported his praxis of the Medicine of the Person were identified in a prior critical literature review, which included Tournier's published work. These themes are then explored in further library and empirical research into the healing ministry. These themes are taken as the basis of semi-structured interviews among a cohort of practitioners in the CHM. The aim is to test whether the fundamentals of his practice have relevance for those practitioners today and if they can then further develop the ministry of healing.

The combination of the results from both the literature and practical research are then taken into a further dialogue with theory, the latter being academic literature related to the themes. The research then concludes that there are elements of Tournier's approach that can further develop the CHM. These elements include his ideas of the person, the importance of prayer, the use of Scripture, forgiveness, dealing with suffering, the importance of friendship, listening and the role of church community. The research's unique contribution is drawn from the empirical element, whereby the practitioners in the

ministry give both theological and practical knowledge give life to theory. The research provides some contribution to practice in the areas of prayer, the use of Scripture, matters of safety and the place of the CHM in the Church. However, its main contributions to knowledge concern the source of healing in the Triune nature of God and the nature of the CHM as bringing about a personal transformation. It also considers further the relationship between God and his people, some of the interesting tensions between the espoused and operant theologies of practitioners in areas such as the Kingdom and eschatology in practice and the healing ministry's place in the spiritual community of the Church.

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## Glossary of terms

Acorn CHF	Acorn Christian Healing Ministry
CHM	Christian Healing Ministry
CofE	Church of England
GMC	General Medical Council
NT	New Testament
OT	Old Testament
RC	Roman Catholic
Tournier's themes	Aspects of his practice which were identified as core in his approach.

## Introduction

This introduction provides the context of this project by describing its origins, the research aims and objectives, a contextual understanding of the Christian healing Ministry (CHM) and its traditions, my own practice and some further background.

The study has its origins in my discovery in 2015 of Paul Tournier's final book, *Creative Suffering* (1982) in the library of the then home of Acorn Christian Healing Foundation (Acorn CHF). The book, which perhaps consolidated Tournier's decades of work and thinking, focused on the potential to recover from suffering and loss and become newly creative. His understanding of the journey to recovery was to focus on the whole person who should then be accompanied by human friendship and the presence of the risen Jesus. He called his approach *Médecine de la Personne* (tr, Medicine of the Person).

As a researcher with an interest and involvement in the CHM I was then drawn to analyse his approach further by exploring more of his work and consider how it might be revisited for the purpose of developing the CHM.

A critical literature review was prepared after some extensive library research into Tournier's and other related literature. This review was submitted and assessed as a previous DTh module, and is appended in Appendix 1 of this thesis. The themes that were identified as underpinning his praxis were taken into the field of practice of the CHM to test for relevance and resonance. There were nineteen practitioners involved in the fifteen interviews, followed by some focus group discussion involving some of the interviewees and several others. There was then further literature research to provide the theological element of the research outcomes.

## Aims and objectives

The aim of the research was to inform the pastoral practice of the CHM through a dialogue between the work of Paul Tournier, empirical research and related literature. The question driving the research was to explore how the work of Tournier's Medicine of the Person and accompanying praxis might further develop the CHM.

The objectives were defined as:

- To engage critically with work of Paul Tournier and related secondary literature.
- To examine the distinctive nature of Christian healing, particularly in relation to Tournier's Medicine of the Person and its emphasis on the whole person.
- To carry out empirical research with Christian healing practitioners to practically evaluate Tournier's theories.
- To then identify which elements of Tournier's approach might be employed to develop the pastoral practice of the Christian healing ministry.

Having read widely around the history and contemporary practice in the CHM it became clear to me that articulating an early understanding of the ministry was important to provide context for the research. For the purposes of this thesis the following sub-sections of this introduction set out an understanding of the meaning of Christian healing, including the strand of healing in which my particular practice can be located. There is also an introduction to some of the potential dangers of healing ministry. Chapter Four continues the discussion on the main subjects raised here.

## **The meaning of Christian Healing**

This sub-section provides an understanding of healing for the purposes of this research by considering the role and nature of the CHM. It begins with a suggestion of the unique aim of the CHM, some definitions, and the difference with other spiritual healing.

The unique aim of healing in the Christian context is understood here as people seeking the presence of the risen Jesus and his healing power, bringing about a transformative encounter. The research has revealed that there are various expressions of practice in healing. They include listening, prayer ministry, laying on of hands, ministries of compassion, deliverance, prophecy, intercession and not least, the sacraments. It involves prayerfully journeying with people for a short or a long period of time and allowing God to be the healer through the work of Jesus and the Holy Spirit.

Some definitions of Christian healing are offered here, but firstly a contextual reminder that this study of Christian healing is located within the discipline of practical theology, which Hunsinger defines... as 'First and foremost a theology of God's care for the world in

Jesus Christ, in which we are invited to participate' (Hunsinger, 2011:9): the CHM is one of the Church's most caring ministries. Further, Dunlap posits that 'Healing is one of the key places in which theology has been practised in the history of the Church' (Dunlap, 2014:33). These two brief quotes provide some broad context for two definitions of the CHM that are helpful as a basis for discussion.

A well-known definition of the CHM among practitioners is that of Bishop Morris Maddocks (1928-2008), both the founder of Acorn CHF but also advisor for health and healing to the Archbishops of Canterbury and York in the late twentieth century. He defined the CHM as 'Jesus Christ meeting you at the point of your need' (Maddocks, 1988:1). This phrase, apparently made when put on the spot in a television interview, has been quoted and explored by many practitioners. It was an important definition as a point of reflection for many of those interviewed.

Secondly, the Church of England's description of healing as 'A glimpse of the Kingdom...' (Archbishop's Review Group 2000:3) reflects the idea that being healed in Christ is an echo of our original created being, which in turn is an echo of the Kingdom that is and is to come. This short definition resonates with the idea in the narrative of some of the participants of the research of being close to the Kingdom (see Chapter 4.2.3,p130).

Maddocks' definition might be interpreted as the aim of Christian healing; bringing a person into an encounter with Jesus Christ, allowing his healing power to enter and transform what Tournier described as the person within, the original creation that is not wrapped in layers of what he described as 'personage' (Tournier,1957:19). (Chapter 1:4.2p31ff) contains a full explanation of Tournier's understanding of the personage and the person within). Perry writes something similar:

The healing ministry...is not something that is 'done' to people...rather the healing ministry is a revelation of atonement, 'at-one-ment' in which Christ takes suffering into himself, healing through his very being (Perry,2000:19).

Drawing on two further interpretations from literature, Dunlap considers the work of Clebsch and Jaekle (1964) who describe healing as more than physiological curing by taking the individual beyond their original condition and this enables people to become 'integrated on a higher spiritual level' (Dunlap, 2104:33 cites Clebsch and Jaekle 1964:33).

As this thesis is concerned with the work of Tournier, an understanding from his ways of expressing healing is helpful at this early stage. One of these is of healing as an interruption in the inevitability of death to this life:

The order established by the Creator was indispensable to life: man's violation of it, therefore, necessarily leads to his death. But in His mercy, God delays this outcome. He comes to man's aid. He heals his wounds. He protects him...(Tournier,1954:165)<sup>1</sup>.

In the context of how healing occurs, Gaiser (2010) concludes that there is 'no unique method through which God heals' but that it is God who heals and that healing is to be 'found in Jesus Christ, where God's presence is fully and most clearly manifest' (Gaiser,2010:247). Gaiser notes that God also heals through medicine; so human agency is part of his intention in the CHM. The role of the person as minister or practitioner will be discussed in more depth throughout later chapters, but that God calls people to the CHM will be demonstrated through the research.

In a similar vein, Lambourne, who was a medical doctor and served as a military medical officer during World War Two, then going on to study theology and the philosophy of healing in his belief in a close co-operation between the disciplines, wrote in the early days of the rising interest in healing. He described the calling to the ministry as '...performed by the priesthood of all believers, through those who have been called to this ministry...' (Lambourne,1963:76).

This discussion has been concerned with identifying the unique nature of Christian healing, which is not the same as other practices in spiritual healing. Perry proposes that it is being in the context of Christian prayer and the work of the Spirit that marks its difference. He further notes that when that prayer takes place in a caring or health environment it transforms the setting, it becomes relational as the person or people encounter God in the place of healing. Being rooted in prayer differentiates the CHM from secular healing, which Perry considers to be 'rooted solely in human achievements' (Perry,2000:14).

Acknowledging this difference between Christian and other types of approaches to spiritual healing is important for the CHM, not only to affirm it is a Christian practice, but also because practitioners need to understand what other experiences people have

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<sup>1</sup> Tournier wrote at a time when it was common/acceptable to refer to people as 'man' or 'he'. This is therefore quoted verbatim.

<sup>2</sup> Acorn Vision and values available at: <https://img1.wsimg.com/blobby/go/fd38c95c-90a0-453e->



previously had which may impede healing. Perry also suggests that when considering the efficacy of other forms of healing, questions should be asked such as, does it reflect the 'glimpse of the Kingdom', does it answer our deepest needs, and does it cause us to reflect on our relationship with God and others? (Perry, 2000:197). These are pertinent questions and provide an exacting measure for the CHM's ministry. Perry further suggests that healing should reflect his own description of Jesus' healing ministry as 'visionary, prophetic and dynamic'.

This point of difference stems from the CHM having its source in the triune life, which leads to an encounter with Jesus who heals, carries burdens and whose power is deeply transformative. This Trinitarian theology in relation to the CHM is discussed in depth at 4.2.1,p124). The next subsection considers traditions and expressions of Christian healing.

### **The CHM: Strands of healing and locating my practice**

The research illuminated the fact that there are various expressions of the CHM, reflecting its history from the early Church's records of healing in the power of the risen Jesus, through the medieval monastic practices of caring and mercy, to the revival of the charismatic movement in the last century. This changing history and the rise of the charismatic ministry with its expectation of miraculous healing, resulted in what Pattison (1989) described as 'strands' of the ministry of healing. Writing in the midst of the charismatic revival Pattison described the time as '...an explosion of interest in religious healing methods...' (Pattison, 1989:7). He went on to posit that there were two main strands manifesting in the twentieth century. The first, sacramental healing '...with its efficacy of healing through the main sacraments of the Church ...' was represented by the Guild of Health, founded in 1904 by those of the Anglo-Catholic tradition. The second he described as '...charismatic or direct divine healing' and suggested '...it seems reasonable to trace [its origins] to the Pentecostal revival in the United States of America which started at the beginning of the nineteenth century' (Pattison, 1989:51).

The first, the sacramental strand described would be understood as through the traditional liturgies and offerings of sacraments through the church, such as the Eucharist, anointing and reconciliation (Perry, 2000:13). McNutt, a Catholic priest of the charismatic tradition and known for his work on healing, suggested that healing is to be found in all of the sacraments, not only in the obvious such as baptism and anointing but also in marriage,

confirmation and the ordination of priests who then administer the sacraments (McNutt, 1974: 275ff). McNutt, whose work had influence in the Pentecostal church, described the sacramental as traditional and as stressing a belief in the unseen presence of God, such as in the sacraments. He moves on to explain the second strand, the charismatic/Pentecostal (used interchangeably here) tradition as being an experience of Jesus and the Holy Spirit, often evoking strong and deep emotions (McNutt, 2005:194).

This Pentecostal strand is described by Pattison as God continuing his miraculous work, which began with Jesus' ministry. Pattison further explains the charismatic tradition as to '...emphasise the power of God in his action to redeem creation in acts of Christian healing...' (Pattison,1989:51). In explaining the differences between these two strands, Pattison writes that the sacraments were administered by the ordained and that there was a great reluctance for any other expressions of healing in the Church of England (CofE) before the charismatic revival that began in the 1960s. The 'charismatic interventions' by laying on of hands and anointing by the laity, he suspects would have been unwelcome by some prior senior clergy, as there was resistance in the church hierarchy against these new expressions (Pattison,1989:2). Despite the resistance, the CofE and other churches began to see a growth of the Pentecostal type of healing in the latter part of the twentieth century.

Perry extends the idea of 'non-sacramental' as including not only the charismatic, but also listening, counselling and nursing and medical care (Perry,2000:13). However, he continues, the difference between acts of care and mercy and the charismatic is in the specific belief that divine healing comes through the power of Jesus and the work of the Holy Spirit (Perry, 2000:14).

In defining the Pentecostal context further, Williams describes the movement as having its roots in the United States (US) in the later nineteenth century. This involved US Christianity's revolt against Calvinistic determinism, which taught believers to 'patiently endure suffering as an act of submission to God.' Instead, 'divine healing lays claim to God's promise of physical health in this life' (Williams,2013:3). Robeck and Yong define 'Pentecostalism' through a volume of essays on the Church's history over the last century. They begin by remarking '...what it means to be Pentecostal has become nearly as elusive as a grain of sand in a desert windstorm...' explaining how it '...was understood to be a movement defined by encounter with the Holy Spirit...' (Robeck and Yong,2014:1).

Although the movement spread globally, therefore with many expressions, the term Pentecostal in relation to healing might be understood as charismatic, relying on the Spirit and with an emphasis on gifts of the Spirit as described in the New Testament. These signs, present and active in the church today bring expectation of healings, including the miraculous, of the kinds described in the Gospels and Acts.

These two strands of sacramental and Pentecostal perhaps had a more marked distinction at Pattison's time of writing and might then have been thought of as very different modes of healing in terms of effect and expression. Over the last few decades the CHM has developed, and they might now be thought of as merging and intersecting, emerging from various traditions, as will be discussed further in the results of this research. Similarly whilst some Church traditions do still administer the sacraments only through the ordained, there has also been a merging of roles between clergy and lay people in churches and certainly in the CHM. As will be discussed in the results of the research, the CHM evolves and develops.

Healing, however it is expressed, Lambourne (1963) considered to be *like* a sacrament in its nature, in that an indelible change takes place. Indeed, he posits that 'The Church's ministry of healing is thus a sacrament of the real presence of Christ' (Lambourne,1963:81). Further he suggests '...it can be argued that Christ is present not only as Creator, but as re-creator...' (p81) suggesting that this power can re-create and restore us, which as will be discussed, Tournier also suggested. It also suggests healing as an eschatological act, the new creation. Lambourne also includes the idea that the role of humans in caring roles and in acts of mercy is sacramental (pp82-83).

In Catholic catechesis a sacrament is understood as 'the outward sign of an inward grace'. This abbreviated explanation, taken alongside Lambourne's proposal, provides some insight into 'what is going on' in healing. Lambourne further explains that after Baptism, the Eucharist, anointing or any other sacrament, although deeply changed we continue to sin because of our very nature: we live in the world. 'We continue after baptism to inhabit minds and bodies that are part of a fallen world, and so perfect health is known by no Christian' (Lambourne,1963:101). More recently, Clammer writes that whilst baptism initiates a person into new life they still have to '...navigate with care a world of temptations and danger...' (Clammer,2017:131-2). Therefore Christian healing might be understood as bringing about some inner change which cannot be erased. However, we do not experience perfect and enduring health in body, mind or spirit as we are human, will make mistakes and eventually decay. Healing is thus a mystery, as are the nature of the

sacraments themselves. This understanding of Lambourne's is discussed here as it becomes relevant when discussing later in the thesis, what happens when God's healing is not apparent.

This discussion on tradition leads to the opportunity to locate my own area of practice at this early stage in the thesis, and the subsequent stream of the CHM that was chosen for the research.

A long career in NHS management where I worked alongside clinicians, supporting both them and the people they cared for had instilled in me a deep concern for health and healing. When I retired in 2005, among other Church ministries I became involved with was to become a Trustee with Acorn CHF. I joined this foundation early in 2006; it has its roots in the CofE and was founded by Bishop Morris Maddocks in 1983. This resulted from a vision given to him and his wife to revive the ministry of healing in the Church and the world through listening, healing and reconciliation. Acorn CHF has focussed on these three areas of the healing ministry, both their teaching and practice. In 2016 I became Chair of the Board of Trustees and in the last year, financial pressures have necessitated us leaving our premises. This has meant my supporting our renewed mission of 'developing ministry skills for the journey of Christian healing'. The move to a more pedagogical focus has entailed an ambitious development of training materials and online platforms for delivery, whilst maintaining and supporting a prayer ministry team who find new ways and places to practise. Although described by Pattison as of the sacramental tradition (Pattison, 1989:51), Morris Maddocks himself was also known for laying on of hands and leading and developing active prayer ministry whilst also engaged in his sacramental ministries. His legacy, continued through those who have followed him, has placed Acorn CHF at the intersection of the traditions discussed above. It ministers through a family of practitioners from a range of denominations with a variety of gifts for healing. Acorn CHF encompasses both a sacramental tradition, with the Eucharist at the heart of healing services, and a charismatic approach in its healing practice.

My primary role with Acorn CHF is to oversee the objects of the Charity and its strategy. However, at the time of writing I am beginning to be trained to deliver some of Acorn's courses and webinars, so I will also be making a pedagogical contribution to practice in the CHM.

Additionally in my practice I have a calling to intercession and participate in two Church based networks of prayer with others who have discerned a calling to this ministry. This involves twice yearly reflection and formation as a group. Secondly as a trained listener, face to face and in the telephone ministry of listening and prayer, I have put this training to the service of Christian listening ministries and also to the University of Winchester's student listening service. The listening roles also necessitate reflection and supervision. Further my parish has recently called on me to carry out some basic listening training and to talk on prayer as part of ongoing formation for parishioners.

### **Risks and dangers in the CHM.**

There was a purposeful decision made at an early stage in the research planning to contain the project within the mainstream traditions of the CHM, effectively 'bracketing out' forms of traditions which may be described as unsafe or even dangerous. My involvement with Acorn CHF has given me knowledge and insight about the wider CHM and practices that the experienced practitioners would call unsafe or even dangerous. Further discussion of unsafe practice will be explored in later chapters of the thesis, but many of the dangers can be broadly understood in terms of spiritual abuse. Oakley defines spiritual abuse within a very broad context and her definition is therefore quoted in full:

Spiritual abuse is a form of emotional and psychological abuse. It is characterised by a systematic pattern of coercive and controlling behaviour in a religious context. Spiritual abuse can have a deeply damaging impact on those who experience it.

This abuse may include: manipulation and exploitation, enforced accountability, censorship of decision-making, the requirement of secrecy and silence, coercion to conform, control through the use of sacred texts or teaching, the requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, isolation as a means of punishment, and superiority and elitism (Oakley, Church Times, 2018).

Examples of bad practice are advising people to disregard medical advice and medication, auto-suggestion, control or anything that comes between the person and God. There are also inherent risks in those streams considered safe or mainstream, when

damage can be inflicted through suggestion or ‘words of knowledge’. The research carried out by (Oakley et al,2018) indicates that spiritual abuse can be identified in not only the most obvious manifestations but in any attempt to control or dominate.

The aim behind the recruitment of participants in the research was to stay within a stream that, as exemplified by Acorn CHF, not only identifies as working in partnership with medicine but further has an espoused Trinitarian theology and a clearly defined set of values<sup>2</sup>. The recruitment for the empirical research is discussed further in Chapter 2.

This introduction has laid out the background of the project and its understanding of the subject. The remainder of the thesis describes the complete research process and draws conclusions that contribute to the development of the CHM. These conclusions have their genesis in the work of Tournier and have been the subject of dialogue in empirical and further literature research. The research took place from its inception in 2015 through to a dialogue with the findings and academic sources in 2019. The empirical phase occurred between the spring of 2018 and summer of 2019.

It begins by exploring Tournier, his life and influences (Chapter 1) and then goes on to describe the methodology and methods of the study. (Chapter 2) This is followed by the results, discussion and conclusions (Chapters 3,4 and 5).

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<sup>2</sup> Acorn Vision and values available at: <https://img1.wsimg.com/blobby/go/fd38c95c-90a0-453e-a4d9-2de0386b34e6/downloads/Vision%20and%20Values%202020.pdf?ver=1591817385688>

# Chapter 1. Paul Tournier, his life, work and influences

## 1.1 Introduction to Tournier

This chapter will discuss and explore the work of Paul Tournier (1898 –1986) through his life story, theology and approach, identifying the distinctive nature of his work. Tournier was a Swiss physician with a Calvinist background who trained in medicine in the early part of the twentieth century. After some time in clinical practice he began to consider the connection between spiritual and mental health and physical wellbeing. Having explored this connection in practice, Tournier began combining his role as a doctor with counselling, developing a unique approach over several decades. He worked with the ‘whole person’, which he understood to be the unity of body, mind and spirit. He sought the ‘person’ to be found within each of us. He discovered that an integrated approach, helping people with their spiritual and mental health, would often free them from or ameliorate the symptoms of illness and disease. He came to believe that traditional medical practice was reductionist and that there was usually some underlying problem with which he could help. He cited examples given to him by colleagues in several specialties of medicine where this correlation existed (Tournier, 1962:9). His practice was built on a Christian foundation.

Over time and drawing on experience, discussion and observation, he wrote prolifically and spoke extensively. Tournier developed his own form of a psychosomatic-type therapy that operated in symbiosis with his Christian beliefs, and about which he wrote and lectured. In his lifetime he published twenty books that were translated into eleven languages. His last book *Creative Suffering* was written in 1982, four years before he died.

Tournier named his approach ‘Medicine of the Person’, which remains his legacy. One of his commentators, Gary Collins, described his practice as a process of dialogue counselling (Collins, 1973:121ff). Others think of Tournier’s work as ‘holistic’ or a ‘whole person’ or ‘an integrated’ approach. Tournier’s quest was in search of the person, the original creation (Tournier, 1957:39). ‘We can only grasp an image of ourselves...only God knows us’ (1957:15). ‘We are fluid and changing...’ (1957:16). ‘Our person is wrapped up in layers and layers of personage...’ (1957:19). By finding this original creation, that person could be helped. This could be achieved with a counsellor or friend and the presence of Christ in the relationship,

In a letter to Collins, who was asked by Tournier to contribute to his book *Helping People Grow*, Tournier wrote ‘...I do not have the soul of a professor, I do not know how to teach, and I have no system, no doctrine, no method, no original approach...’ (Collins, 1980:55, citing a letter from Tournier). Some of his contemporaries thought that Tournier may have hidden behind this lack of system, giving himself a rationale for not having to articulate one against which he could be measured. However, he enjoyed success through ‘I just try to help people’ rather than try and teach or analyse his own technique. He used stories and anecdotes to convey his message (Collins, 1980:58).

Today most members of the CHM emphasise the importance of an holistic approach, but rarely refer to Tournier as the pioneer at a time when conventional medical practice often neglected this aspect of wellbeing. There is also the question of whether the ‘holistic approach’ is the same as Tournier’s Medicine of the Person. This chapter aims to identify aspects of his belief and subsequent practice that were the building blocks of his approach and can be understood within a robust theological framework. These aspects will be known as ‘Tournier’s themes’ in this study.

I will also consider his life and his own and others’ opinions on the factors which influenced him, and examine his hermeneutic, theology, anthropology and praxis. This will lead to identifying the themes that inform the empirical research that follows. There is some examining of his expressed beliefs in comparison with others, but the main theological reflection and discussion will take place in Chapter 4.

## **1.2 Tournier: a summary of his life and development**

Tournier is best understood through his life story to which he made frequent reference to illustrate that he understood himself through events and pivotal moments. He identified very strongly with his personal as well as professional story. ‘Therefore, since I cannot share your life, I must tell you something of my own...’ (Tournier, 1982:2 ff). This section will summarise events, how he became a Christian counsellor/psychotherapist and the main influences on him.

Tournier was born in 1898 in Switzerland. His father, Louis Tournier, a pastor, died when Tournier was three months old. His mother showered her two children with love and provided an intellectually religious family life but she also died when Tournier was six years old. He was later to describe the death of his mother as ‘...the most important event of my



childhood' (Tournier,1970:17). Tournier and his sister were sent to live with an aunt and uncle who were kindly but had already lost three children. The aunt, perhaps as a result of this loss, suffered from poor health. Tournier recalls being extremely withdrawn as a child, having few friends and unable to flourish at school. Before his teenage years he was influenced by hearing an evangelical sermon and thus committed his life to Jesus. He then decided to become a doctor to help people by living the Gospel in his own way. During his teenage years one of his tutors, a Jew by the name of Jules Dubois, noticing his isolation and loneliness, invited him to his home over a lengthy period for debate and dialogue. This significantly improved Tournier's self-confidence (Collins,1973:26-7). Tournier himself said that Dubois ...'made me into a person...' (Tournier, 1982:32).

His relatives paid for him to train for medicine and he studied at the University of Geneva from 1917-23. He became President of the Zofinga Student association and gave speeches, debating with confidence but finding it difficult to engage deeply in relationships. During his time in medical school he was involved in social action, such as repatriating prisoners of war through his working with the Red Cross. He began to see suffering on a significant scale, consequently reflecting deeply and with empathy on the nature of suffering. In 1924 he married Nelly Bouvier; they had met as Sunday school teachers and based their marriage on a Christian foundation. However, according to Collins, at that stage their 'faith was more of an intellectual creed...but there was no warmth and no communion with a personal God' (Collins,1973:28-9). Tournier himself then experienced personal, profound suffering when he was involved in a serious car accident involving his family (he and Nelly had two sons) and the uncle who had raised him. His uncle lost his life and Nelly was seriously injured. Tournier spent the night in an acute state of anguish and consequently recommitted his life to help people with pain and loss (Collins,1973:32).

Tournier's religious practice was to change radically when he joined the Oxford Group in 1932. He and some friends went to a meeting expecting fiery and intellectual debate, as he was used to in the Church that he and Nelly attended. Instead he encountered a group of men who held a period of silence followed by confession and discussion of their shortcomings. The theologian, Emil Brunner, was among those attending on Tournier's first visit. The Oxford Group (the Group) was to influence Tournier profoundly, as set out in the next section. Initially he was disappointed with the lack of robust debate, but after more conversation with one member he adopted the Group's practice of meditation and quickly became adjusted to this daily routine. He and Nelly practised 'written meditation' and sharing of reflections. This led to their learning to relate at a new level whilst helping

Tournier to understand himself. This daily habit combined with his growing knowledge of the Bible and, writing down his thoughts, transformed his medical practice and became a habit for the rest of his life.

Over time, Tournier met his patients in his clinic in the day and then often invited them to his home in the evening to sit by his fire and 'open up'. Such informality was acceptable before the development of more controlled ethical requirements by clinical governing bodies. For doctors in the UK today unsupervised practice and the offering of religious or spiritual guidance are strictly controlled by guidelines (General Medical Council, 2013). After the Second World War, research ethics were subject to more scrutiny following the Nazi concentration camp experiments. The Nuremberg trials highlighted the problems of lack of regulation (Dingwall and Rozelle, 2011:45-47) and the subsequent self-regulatory ethical framework developed under the World Medical Association (Sohl and Bassford, 1986). Tournier would have then developed his own ethical standards.

Beginning to see positive results in his patients' wellbeing, Tournier began to wonder if he should train in psychiatry or psychotherapy. He sought advice from friends and contemporaries, Freud and Jung among them. Both encouraged him to not retrain but to pursue his unique approach that integrated medicine, psychology and spirituality (Pfeifer & Cox, 2007:39). He 'opted for the Medicine of the Person...' (Tournier, 1982:35-36) which is how his praxis became known.

The first book of his extensive publications was written in 1940 and entitled *Médecine de la Personne*. This became his trademark and how he is remembered still. The book was later (1965) translated into English and renamed *The Healing of Persons*, to which Tournier wrote a preface describing how his thinking had developed over the years. This provided an interesting and honest perspective of how his practice matured and changed. This work set out his initial approach of an integrated therapy and the quest to find this 'person' at the core of all. It encompassed his explanation of healing by 'synthesis' of the whole person and moreover, the relationship between doctor, the person and Christ. Initially he could not find a publisher and took the book to his old school tutor, Dubois, who listened to his exposition for several hours and was converted to Christianity by the end of the meeting (Collins, 1973:34). Tournier and Nelly had left the Oxford Group after the Second World War and formed a new group, the Bossey Group (named after the town near Geneva where they held their meetings) comprising an ecumenical group of Christians committed to the

Medicine of the Person. This group became a society named in his memory after his death. It still exists, thrives and holds an annual gathering.<sup>3</sup>

Throughout Tournier's work there runs the continual thread of his beliefs in the Christian faith. He covered many subjects including guilt, loneliness, marriage and old age. *Creative Suffering* was written as a conclusion to what he had learnt and understood about human nature. *A Listening Ear*, published after his death (Piguet, 1986), is a compilation of several of his talks and interviews, some of them delivered late in life.

He was widowed after fifty years of marriage. After some years alone and having adopted his own approach to bereavement and grief, he remarried in 1983, experiencing a few years of another married life before he died in 1986. Describing his own grief after the loss of Nelly he borrowed Freud's phrase 'the work of mourning', but compared his own approach of 'getting inside the pain' favourably against Freud's severance from the object of loss (Tournier, 1982:89 and 56ff.) In a similar way to CS Lewis' work *A Grief Observed* (1961), Tournier offered an approach, an attitude and faith to make the journey through bereavement.

'We should be courageous' Tournier exhorted, and 'encourage each other' (Tournier, 1982:94ff). He wrote about how he kept Nelly in his life, in his home and talked to her even after her death in preference to Freud's prescription, which would have made him attempt to 'banish her memory' from his house (1982:59ff).

Tournier left a legacy of his writing, and the society *Médecine de la Personne* who have recorded on their website:

At a period when psychosomatic medicine was in its infancy, Tournier was struck by the fact that the contemporary approach to illness was purely organic, and failed to consider the patient, with not only a physical dimension but psychological and spiritual dimensions as well<sup>4</sup>.

Near the end of his life Tournier wrote '...so now, for forty years, in all my books, I have been trampling regardless over all the barriers which the analytical spirit of our civilisation has been erecting between the various disciplines...' (Tournier, 1982:36). Above all, Tournier believed in listening, patience, being involved and exploring the psychological and spiritual elements of his patients and clients. Advice does not help he said, only an honest

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<sup>3</sup> <http://www.medecinedelapersonne.org/en/actualites> (accessed 26/11/2019).

<sup>4</sup> <http://www.medecinedelapersonne.org/en/presentation> (last accessed 12/12/17).

encounter with a companion, pointing out that Jesus did not 'philosophise' but just healed (1986:31 and 82).

In a concluding note entitled *The Adventure Goes On* he wrote:

The fact is that two months ago, after fifty years of married life with Nelly, I married Corinne O'Rama...so here I am at the start of quite a new stage in my life. The full momentum of life is maintained only through one departure after another... (1986:135ff).

From this summary of Tournier's eventful and fruitful life, several events have emerged as having a great influence on his faith and his practice. These range from his having been orphaned young (1982:8) to the impact of his school tutor in helping him to grow in confidence and communication, and his marriage to Nelly, which was clearly his stabilising foundation. The other significant influences on his faith and practice were his medical training, observation and experience of suffering, his time in the Oxford Group and the decades of counselling and clinical practice. His practice of prayer and Bible study added further.

The next section will examine in more detail the impact of some of these influences, particularly suffering, the Oxford Group, Scripture and meditation. This will be in the context of how they developed his praxis and I will also discuss his wide reading of theology, psychology and philosophy.

## **1.3 The main influences on Tournier**

Through his writing, Tournier spoke frequently on a personal level about events, his faith and people, how they shaped him and his work. Others have also written about him and the influences on him. Drawing on these sources, the following is a further examination of these factors and how they expanded and developed his practice.

### **1.3.1 Being orphaned and suffering**

Tournier frequently refers to his being orphaned at the age of six, and experienced it as the most important event of his childhood. He observed suffering through his work, time with the Red Cross during Second World War and in the family tragedy of the car crash. He was

no stranger to suffering and decided to help others. Later in his life he was to make links between suffering, deprivation and creativity that led to his writing of *Creative Suffering* (1982). This came out of his reflections after reading an article written by Dr Pierre Rentchnick in 1975 entitled 'Orphans lead the World'. Rentchnick had considered politicians who had changed the course of history and cited Roosevelt, Julius Caesar, Washington, Napoleon, Hitler and Lenin among three hundred names of those who had been orphaned, abandoned or rejected. Rentchnick concluded a link between deprivation of one's parents and what he termed a 'will to power', this being a drive to transform the world through the effects of their own deprivation. (Tournier,1982:2-3 cites Rentchnick, 1975). Tournier did concede that others had suffered and had not achieved in the same way.

An incident resulted in his refocusing the way he articulated suffering. He recalls being asked to speak on the matter as he walked through a cornfield whilst being filmed for a television programme. He made an error of speech in drawing a correlation between his being orphaned and it being 'the great good fortune of my life'. He was mortified at the impact he, a doctor, might have had on a sick person by expressing his thoughts this way (1982:25). After attempting to rectify his mistake he was careful always to explain to his audience that whilst he saw a connection between suffering and creativity, it was due to the consequence of a positive reaction to events and not evidence that God sends suffering. Here he introduced the idea that acceptance through an active response to misfortune makes us grow. He made great efforts to turn his television error around to illustrate that there is not cause and effect in suffering but rather reaction and response (1982:28).

Tournier explicitly did not glorify suffering but referred to it as an evil against which we should fight. As can be seen in significant areas of his thinking, there are some echoes of Bonhoeffer's views who posited that the question of evil is not a theological one, but instead concerns the overcoming of evil on the cross (Bonhoeffer,2004:123). Tournier also did not offer an explanation of the origin of evil but described himself as a practitioner who observed the way people react to life's troubles (Tournier,1982:26). Whilst not offering a theodicy he rather accepted that evil sits alongside good, mixed up in all of us. 'Good is the cause of good and evil is the cause of evil' (1982:28) and 'Eventually we lose our illusions and discover that evil is everywhere, even insinuating itself into our noblest actions...' (1982:27). He employed the Gospel narrative of Jesus' parable of the wheat and the tares (Matt.13:28) to describe his theory. The tares being the work of 'some enemy' (1982:28),

he summed up his views with 'Good and evil, in the moral sense, do not reside in things, but always in persons...things and events are always what they are, morally neutral...' (1982:29). Concluding that human progress is linked with historical calamity and that 'we all have an intuition that there is a connection', he found the idea that any virtues be found in evil to be abhorrent (1982:20).

To summarise, Tournier's experience of suffering gave him the urge and desire to help people as a clinician and then, later, in his development of *Medicine of the Person*. He committed himself wholeheartedly to help with suffering for his lifetime. He came to believe, through his study of the Bible, that the solution to facing suffering was in mutual help and encouragement and having the courage to accept and be recreated. This Biblically inspired view and his approach on acceptance will be explored later.

### **1.3.2 The Oxford Group and Tournier's Christian Faith**

One of the most profound influences on Tournier was his active membership of the Oxford Group, which he joined in 1932. He described this as '...a great turning point in my life which put the accent on personal contact and complete openness between individuals...' (Tournier, 1982:32).

The group was founded by Dr Frank Buchman, an American Lutheran clergyman, who had a life-changing experience at an evangelical conference in Pennsylvania, following which he committed his life to converting people for Christ. Buchman first created a forerunner of the Oxford Group, *The First Century Christian Fellowship*, as 'a voice of protest against organised, committeeized and lifeless Christian work' (Randall, 1999:3).<sup>5</sup> Buchman's ambitions for this ecumenical and lively movement were global: he hoped to change the world for the better and capture as many as possible for Christ. He also wanted to reawaken the Spirit filled ardour of early Christianity. The movement became known as the Oxford Group when Buchman brought it to the UK and centred it on Oxford where huge 'house parties' were held, often attended by thousands. There were reports of Pentecostal-like outpouring of the Spirit. Lengthy preaching was avoided and instead 'brevity, sincerity and hilarity' were encouraged (Randall, 1999:3ff). Tournier had a very

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<sup>5</sup> Randall cites verbatim: F. Buchman to Mrs J.F. Shepard, 24 November 1922, Morris Martin Files, Moral Re-Armament Archives, Library of Congress, Washington DC. USA.

different experience of Church than the more familiar formal and structured way of worship in which he had previously experienced.

There were several characteristics of the movement's way of being which have resonance in Tournier's work. These include its ecumenism, the practice of meditation, the importance of one-to-one encounter and its commitment to bringing people to Christ.

Addressing these in order, firstly the group was purposefully ecumenical. Buchman and his friends wanted to bring some of the life and joy to the movement and to people's experience of Christianity. Blurring the boundaries of denominations gave people a unique and personal experience of Christ. This perhaps influenced Tournier's acceptance and in his practice, he had patients of all denominations and none. He learnt to understand the ways of each tradition and how he could help people come to peace with God through their own understanding. If he could, he brought people to Christ, but there is a question, to be discussed, of how much of a universalist he actually was.

Secondly, under the strong influence of a Baptist named Meyer, the group encouraged all members to spend an hour a day listening to God and then write down any guidance that was discerned. The sharing of such guidance was a means of developing a corporate spirit, thus strengthening the Group. These were the practices mentioned above that Tournier adopted and maintained daily for life. He also might stop for silent prayer during consultations (1966:106) and in private or with Nelly (Collins,1973: and Tournier, 1966a:33).

Thirdly, engaging one-to-one to convert people fully to a life with Christ was the Group's way of working with individuals (Randall, 1999:4). Tournier was clinically trained to provide individual care and then worked with individuals in his subsequent practice, although he did carry out some group work. Tournier relished this one-to-one dialogue, helping people. He wrote '... it is in personal fellowship, in the person-to-person relationship, when it is true, that I find a foretaste of heaven.' (Tournier,1972:237).

After the Second World War the Group changed its name to *Moral Rearmament* as Buchman revised its emphasis to a drive for international, political and philosophical change (Collins,1973:36). The Tourniers were not interested in politics, being more concerned with medicine and people's personal growth with God (Tournier,1965:xiv). He was also beginning to realise that he had discovered something unrealised in the 1930s about the psychosomatic style of medicine he was beginning to practise. Additionally, some of the medical members of the Group were critical of his practising a form of

psychoanalysis for which he was not formally qualified. So, with sadness, and for those reasons the Tourniers left the Oxford Group (Collins, 1973:34ff).

Tournier always acknowledged the profound and deep influence the Group had on him and his faith. In the preface to the English translation of his seminal book *Médecine de la Personne* (tr *The Healing of Persons*, 1965) Tournier made this dedication.

To Dr Frank ND Buchman, whose teaching has had a profound influence on my personal life and has obliged me to reflect upon the true meaning of my vocation, I dedicate this book. (Dedication to *The Healing of Persons*, 1965).

As Buchman's reputation had become doubtful, Tournier was asked to remove the dedication. He refused saying he could not deny his friends. The Group had helped him to transform and apply his already existing faith to all aspects of his life (Tournier, 1965:xiii).

### **1.3.3 Scripture and meditation**

Tournier was dependent on daily, prayerful meditation and the use of Scripture from the time the Group introduced him to the practice until he died in 1986. He continued to use Scripture and lead the daily meditation and prayer at the Bossey group. In recognising that there is a risk of relying on one's own experience and revelation, he turned to the Bible as a regulator, a test of personal experience and reflection. He sought guidance and truth through his study of Scripture. These influences were to transform him as a person and practitioner. This section will consider his relationship with Scripture, his hermeneutic and their interdependence with his prayer life.

#### *a) Scripture.*

Tournier had a lifelong and intimate relationship with Scripture. In the 1940s he began to read through the Bible and make a note of all passages that were related to disease, medicine and morality. Collins posits that Tournier realised in the middle of this work that this was an overwhelming project. However, as it gave cause for fruitful and welcome discussion at the Bossey Group meetings, he continued and his book *A Doctor's Casebook in the Light of the Bible* (1954) was the product (Collins, 1973:40). Tournier said of the task when he was in the midst of it '...I did, in fact, throw myself zealously into the task. But I came to an impasse...' (Tournier, 1954:18). The impasse was the magnitude of the project



he had set himself from which he was rescued by a turn of events at a Bossey Group meeting (see p25).

The Bible was central to Tournier's in life and work. He quoted from a remark made to him by Brunner 'Let us read the Bible thinking constantly of our daily lives and let us live our lives thinking constantly of the Bible' (quoted in Tournier, 1954:18). To encourage his fellow doctors, he wrote 'The Bible is the book of the drama of life and for us doctors...it is of absorbing interest' (1954:18). His way of studying the Bible as an aid to living and finding answers to problems was not through academic Biblical criticism or the radical study of theology (Fulford & Campbell, 2007:23), but was a consequence of his quest to help people. It was rooted in his belief that the Bible reflects God's loving care for His people (Tournier,1954:123).

He produced what might be called his own hermeneutic, his system being broadly twofold. Firstly, he traced the pathway of the history of salvation from creation to resurrection and secondly and interdependently, searched for the answer to questions of life.

On the former he drew on Pascal: '... we only understand life and death through Jesus Christ and so we need the Scriptures whose sole object is Jesus Christ...' (Quoted in Tournier, 1954:17). The Bible, Tournier believed, shows God's purposeful work from creation to the Incarnation to Jesus' death and resurrection, containing a unity and harmony from beginning to end. Unlike a focus on science alone, which, in Tournier's experience, was more fragmented, this underlying harmony showed the meaning and importance of even small events and the intervention of God in history (1954:28-33). He was wary of people turning to the Bible for random references leading to half-truths. He also believed the Bible is only truly meaningful when taken in the 'light of the whole Biblical revelation' (Collins, 1973:82).

Tournier saw that in the Bible, 'everything has meaning: 'The certainty of this permeates the Bible from cover to cover' (Tournier,1954:33). He considered the beginning –Creation– to be a manifestation of love. Citing Gen.1: 1, 'In the beginning God created the heaven and the earth' Tournier concluded two things. First, that 'Love, and love alone, is the reason for the world's existence. The world is part of God's plan, of His design of love...' (1954:42). Second, that his reflection on love and purpose led to his conclusion that the body and soul are interdependent. 'He manifested His love not only in the spiritual order but also in the temporal... acknowledging that humanity is part of both' (1954:42). On citing

Romans 8:22 'the whole creation... groaning in pain' and 'until a new earth appears' (Rev.21: 1). Tournier asked the reader if they thought he was inappropriately moving from medicine into the realms of theology. He concluded that the doctor must understand that God cares about the body as much as the soul.

Tournier and others had misgivings about his approach to the study of Scripture. However a contemporary commentator, Clark, considered that Tournier's reading of the Bible was '...well informed and thoughtful. It is marked by the discernment of a scholar' (Clark,2007:56).

Tournier's theology was influenced by wide reading, particularly of Barth, Brunner and Buber (Collins, 1973:80), but Tournier's hermeneutic of the Bible was his own. He looked for answers to questions of life: the small and the more challenging. He said 'It sets man face to face with God', noting that even the most proud and arrogant are humbled when faced with the truth of Scripture (Tournier,1954:28). Regarding the Bible as unique, providing evidence that God has revealed Himself (1967:195), Tournier continually turned to it for inspiration. He said that he studied it as a doctor, and claimed this to be a different approach to the theologian who 'starts from the Bible and move towards men.... studying in terms of exegesis and historical criticism...' (1954:18). Conversely, he suggested that doctors should start from the problem presented and go to the Bible for the answer. This, of course, would be a challenge for those who were not as familiar with Scripture as he was, and particularly his knowledge of the Old Testament (OT) where he found much of his material for 'real life' problems. His book *A Doctor's Casebook in the Light of the Bible* would have served as an initial guide for doctors.

Collins posits that Tournier did not express whether he viewed the Bible as literal truth, but certainly believed it revealed truths for life. Tournier found the Bible to be full, not of dogma and doctrine but stories of life that are helpful and relevant (Collins, 1973:81-83). Tournier used the Bible very frequently as he wrote, but its purpose for him was that it pointed to Christ, the Son of God, as the ultimate answer to human existence and purpose. He also came to believe that it showed the interdependence of 'material, psychological and spiritual faults' in peoples' lives and that to transgress from the Law of God which the Bible illustrates, is to transgress from the law of life thus upsetting the equilibrium of a person (Tournier, 1966b:141ff). This view will be further developed with his ideas around sin.

For Tournier the Bible was full of narratives about humankind facing everyday problems. It is a book of history, people who '...were great because they listened to God

and obeyed Him' (1966b:141). It is full of contradiction; it is not a system of logic, because it is about people. It is not about a God who gives easy answers, releasing us from suffering and life's difficulties, but full of suffering including Christ's agony on the Cross. It promises the ultimate hope of redemption and the certainties of faith. 'Fear not, for I am with thee' (Isa.41: 10): 'God does not take man out of his drama: but he lives it with him...' (1954:19-20). These quotes illustrate Tournier's view of Scripture as alive and relevant and his dependence on it for his life and work.

Tournier wrote about the conclusion of his monumental Biblical project explaining that as his notes grew he realised its enormity and began to feel that he lacked the necessary dogmatic and exegetical knowledge. In 1947 '...fortunately I was led along another road' (1954:20) when a widely ecumenical group (including a Jew) at Bossey asked that they might study medicine and personal experience instead of the Bible and theology. This was with the intention of avoiding conflict in the group. They discussed instead 'body, mind and spirit' and asked Suzanne de Dietrich at the Ecumenical Institute of Bossey to help them. Tournier came to understand through many days of discussion that humans are not static, that words such as the 'soul' or 'spirit' may be used [in the Bible] to 'mean successively things which we distinguish: the mind and the heart' (1954:22). This aspect, that distinguishes man from animals, has been given by God and is 'a breath, a movement, an impulse, an echo of God's voice' (1954:20-22). This is how a human becomes a person; Tournier's anthropology will be explored further in the next section.

Through this change of direction, Tournier led the Bossey group to study the Bible in relation to how it related to their work as doctors, and he suggested that most professions or vocations could do the same, as the Bible speaks on all life matters (1954:22-23).

Before leaving this section on the influence of Scripture on his work of healing, a further note on his approach to the Bible, suffering and Jesus Christ is relevant. Tournier said that the Bible alone gives the answer to the mystery of suffering which has a relationship to our disobedience to God's laws. Again, this was not a cause and effect theory, but one of the inevitable results of our moving away from God's intention for us. He wrote that the vocation of the doctor is to be the co-worker with Jesus Christ and help people with suffering. '...the God-man, who knew all our physical, psychic and spiritual difficulties and who alone, through his perfect obedience, resolved them all...finally through his sacrifice on the Cross he brings us supreme deliverance...' (1966b:142).

*b) Prayer and Meditation.*

The underpinning practice of who Tournier was and what he did was prayer and meditation, beginning this daily practice after joining the Oxford Group in 1932. He adopted the group's practice and took a pen and paper to his meditation, writing his thoughts and revelations. His rationale might be summed up in the following quote:

Following then the example of our Lord, let us give a big place in our lives to intimate conversations and private communion with God. For both the doctor and the patient, the integration of the person is accomplished essentially in mediation, for to meditate is to be led by God to the discovery of ourselves (Tournier, 1954:133).

Accepting that it is easy to be deluded by what we think is God's voice, he believed that the Bible was the benchmark against which to test possible revelation. Tournier understood that when God is approached through prayer and meditation, with thoughts recorded and then examined critically by seeking the truth, prayerful mediation is cleansing (Collins, 1973:94). It is also a way of having intimate conversations with God (Tournier, 1957:165f). After a disappointing start, but then learning to meditate very quickly (1965:xiv), his experience was that this type of prayer expands the field of consciousness, revealing negative aspects of ourselves, particularly sin. He claimed that the basic problem of the human condition is the sin to which people naturally shut their eyes and which wears them down. He believed that to meditate in the presence of God is to see ourselves more clearly (1965:247) and that in the silence God stimulates our thoughts and renews us (1986:13). Meditation was Tournier's daily renewal of faith (Cox et al, 2007:22).

Finding that experiencing the silence of meditation as the route to God who stimulated his thoughts in this 'dialogue', thus leading to creativity and the ability to see people from God's point of view (Tournier, 1986:13-14) Tournier maintained this practice until his death. Often, during his consultations, he would stop and ask the other person if they could listen in silence to God's voice with him. 'Talk to God as you are talking to me, even more simply in fact' (1957:165). He did not claim to have an exclusive and continuous dialogue with God. 'We do not possess God or have contact with him. We find him periodically...' (1957:114) but he would meditate for at least an hour and write down what he thought God was expecting of him (1967a:178).

He explains his approach in his last book. '...Then I wrote this down during my meditation this morning...if you are philosophically a Cartesian, you will be asking me whether it came from God. I do not claim that, but I reckon that the main thing is that one approaches him...seeking the truth, for all truth comes from God' (1982:72).

### 1.3.4 Summary

Tournier's years of work as a doctor, his enduring and long marriage to Nelly, their family life, observing and experiencing suffering, the Oxford Group and his dedication to prayer and Scripture, all influenced Tournier profoundly. They enabled him to begin and develop his unique practice and sustain and energise him until his death. 'As long as you are curious you won't grow old!' (1982:126) was one of his last thoughts. He seemed to be always curious and open to influence during his long life. It must also be said that he was influenced and helped by the many patients and encounters that he experienced, which provided anecdotes for the framework of his writing.

The following sections are an examination of some of his beliefs and theories. They will be discussed further in the discussion at Chapter 4.

## 1.4 Tournier's Anthropology

As 'the person' and the medicine of that person was at the heart of Tournier's praxis, an examination of his theological anthropology opens this section. In attempting to explain his thinking some comparisons with other theologians' views will be made on what Tournier believed it is to be human.

Before exploring Tournier's view, a definition of theological anthropology from Cortez states his basic conviction as that the human person can only be understood in their relation to God (Cortez, 2010:5). Understanding anthropology through the lens of the person of Jesus Christ is then the basis of Christian anthropological convictions. Christ's saving and redemptive action fulfils his purpose for our ultimate destiny and with this Tournier would have agreed. Unsurprisingly Tournier described his anthropology as Biblical. '...and so, we have come right round to the biblical view of man, to biblical anthropology in the current phrase...' (Tournier, 1968:39). He takes his position from the Genesis and the Garden of Eden 'A place for him! A wonderful, peaceful place where he lives in harmonious familiarity with Nature and with God'. He goes on to describe the Fall: '...man opened his heart to evil...' (1968:39). Disobedience put fear into Adam's heart, who then began to flee from place to place. These quotes are taken from *A Place for You* (1968) in which Tournier lays out his understanding that all people relate to God whether they are aware or not, and it is in this relationship that they are fulfilled, redeemed and healed. He concluded that

humankind spends history and their individual lives searching to reside in that place where God is. The basis of Tournier's anthropology then is Scriptural, based on the creation and fall of humankind and the hope of redemption. As 'the person' is the central feature of his work, some more attention to who that person is discussed with his views on creation and purpose.

#### **1.4.1 Creation and purpose**

Tournier believed that human beings belong to both the material and supernatural worlds and can be transformed on this life's journey with the help of God. This section will consider his view of our purpose and what he meant by belonging to both worlds at once.

When developing further his understanding of the person in relation to God, Tournier began with Genesis and the Creator God, who, through the Divine Word, the creative power, first called the 'inorganic world' into existence, followed by the biological world (Tournier, 1957:103). God's creation of humans from dust was not just as a body and a mind but also as spirit. The spirit was the 'breath of life' breathed into us by God, so it became incarnate (1965a:53). People were not created as some higher form of animals but created by God in His image. Humans were raised above animals by the development of mind, through natural inquisitiveness and a predisposition to dissatisfaction. This leads to our quest to understand through the development of science, technology and theology (1967a:88).

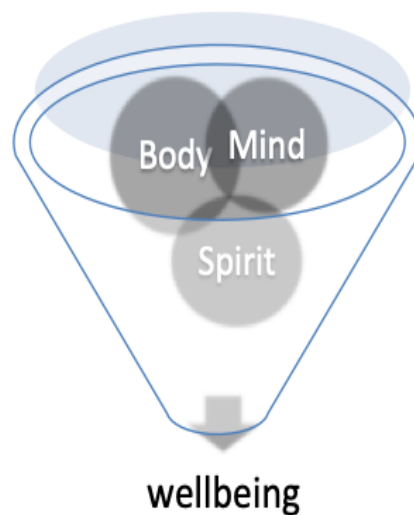
Tournier further believed that 'Man is a personal unity in which there is a necessary and personal independence between the physical, the psychical and the spiritual' (1966b:135). This idea of unity also reflects Bonhoeffer who wrote: 'Man does not have a body; he does not have a soul; rather he *is* body and soul' (Bonhoeffer, 2004:77). This Thomist view of the incarnate spirit and other theories were discussed by Tournier by using various diagrams and expressions in his early writings (Tournier, 1965a:51ff). At this early stage he drew an equilateral triangle with three internal triangles representing aspects of the body, psyche (as he referred to it at this stage) and mind. These are interconnected, inseparable and the spirit sits at the bisection of the three internal triangles (1965b:53).

His thoughts developed over time and eventually his thinking settled with three aspects but with the spirit, Tournier concurred, incarnate. He sometimes confused the

picture by variously using psyche, mind, soul and spirit. He did however, understand that there is a fusion and not duality and it is that fusion that is created *imago Dei*.

In the English translation of *the Healing of persons*, which was translated fifteen years later than its original, he comments on his early thinking and speaks of how it developed in those years with the development of theories of anthropology.

His eventual model might be represented by the following image where the balance of body, mind and spirit aim to create an equilibrium, which contributes to wellbeing.



**Figure 1 A depiction of Tournier's body, mind and spirit in balance.**

Tournier continued the theme of the unity of the spiritual and physical through to the Gospels where he interpreted Christ as constant in connecting the spiritual and material. At the Last Supper, Jesus unified the supreme spiritual with the carnal in his eating (1966b:134). These are echoes of the influence of Barth in Tournier's understanding of the nature of Jesus, itself taken from mainstream Chalcedonian Christology of Jesus as the unity of the two natures of humanity and divinity (Barth,1961b).

Tournier's Christian anthropology might be considered anthropocentric. Humans are not an evolutionary accident but have been created *imago Dei* and are therefore destined

for God's intention of ultimate perfection. Whilst approaching from a scientific standpoint, Tournier challenges Darwin's progression of animal to human through the continual evolution by natural selection. He questioned with some passion the ability of humanity to travel to a golden age by our own endeavours and intelligence (Tournier, 1965b:102). Tournier's view was that the whole of creation will be redeemed and returned to its original perfection not by its own efforts, but by God. 'The hope of the upsurge of the human soul liberated from nature, but rather of the resurrection and redemption of the whole of nature' (1965b:124). He included everything that lives in his eschatology, but believed humans are the reason and the purpose of creation. His extended and objective argument for and against Darwinism typically resolves in the hope of Christianity that, if God created a perfect world, he has the power '...to restore it to its original perfection.' It is this freedom that can 'spread good or evil, truth or error' (1967a, 158f).

Green's anthropology perhaps reflects something of what Tournier was expressing. 'Humans are unlike other creatures, in that only humanity is created after God's own likeness...humanity alone receives from God this divine vocation...' (Green, 2008:62). This leaves us in an 'ambivalent' position says Green. We are not divine, we are part of creation and yet we are *imago Dei* (2008:62). In this sense Tournier also seemed to understand humans and their purpose. He asked at the end of his treatise if the Biblical account of humanity's fall into sin might be closer to the truth than we care to admit. Have we rejected it for emotional reasons, like rebellious adolescents, he asked the reader? Conceding that we cannot be sure, he held various ideas in tension in a typically Tournier way. He concluded that, anyway, sin is better explained by a 'perversion of the original harmony than by the idea of blind and uninterrupted progress' (Tournier, 1965b:116).

Collins reflected that Tournier believed that sin, coming after the Fall, afflicts all people and cannot be overcome except with the help and action of God (Collins, 1973:86-7). 'He asks us to recognise them (our faults) and humbly turn away from them, solely in order for us to understand our poverty and His mercy.... not so that we shall carry on in the utopian hope that we can ever act without sin...' (Tournier, 1970:80). He concluded that, despite our belief as humans that we can rescue ourselves from our fallen state, at the end of times humanity will be reconciled with Christ in heaven.

Tournier further considered human progression through an examination of science and Christianity. Although he referred often to the Genesis account of creation and Fall, as a scientist he understood the contemporary scientific evidence for creation and evolution. He was influenced, for example, by the work of Teilhard de Chardin who suggested that



evolution, science and Christianity are in accord with each other and not incompatible. Tournier discussed this subject of science and Christianity in a chapter of his early writings. In the much later translation, with some revisions in the light of scientific developments and his own studies, he asked the reader to understand that he too had developed in his thinking and understanding. This suggests some humility and openness to changing science, theology and philosophy (1965b:96ff).

However, the problem of sin and its hindrance in our achieving this purpose was a preoccupation for Tournier. He began his explanation of our propensity to sin as beginning with Adam who demonstrated human beings' wilful and determined natures. Tournier described original sin as not a 'fleshy sin' but a 'psycho-mental sin', being a symbol of the tree of knowledge, a consequence of our thirst for both knowledge and gratification. He believed that 'modern man' (since the Renaissance) has developed an inner conflict. He posited that there is some internal mechanism which wants to correct us, but which we ignore in our greed and wilfulness (Tournier, 1965b:22 &56). This theory is important as he constantly views that conflict as a tension that unbalances and impedes our healing.

'Sin is everything that separates us from God and from each other' (1966:232). Sin is a consequence of our being conscious beings with free will with a desire to go our own way, thinking we can rescue ourselves (Collins, 1973:86).

He concludes optimistically that we are 'sojourners and pilgrims' (Tournier, 1954:203 quotes 1 Peter.2: 11) and that 'our citizenship is in heaven' (Phil.3: 20). Therefore, the answer, the solution for all our problems and understanding of ourselves, is to be found in Christianity. Tournier saw that 'We are indeed, promised eternal life, but in a restored world, freed from suffering' (1954:203).

### **1.4.2 Finding the person**

Whilst using the language of body, mind and spirit, Tournier was not of the Cartesian school; indeed, he treated his patients as an interconnected whole. He best describes this in a chapter about the quest for this synthesis in his seminal book *The Healing of Persons* (Tournier, 1965a:126ff). He used examples from his experience of people with unexplained symptoms who, when digging deeper, he discovered had significant stresses or anxieties or even 'spiritual problems' (1965a:128f). This section will examine how he went about 'finding' the person he was trying to help.

For Tournier, 'the person' he sought in his practice of healing, is what makes each of us unique. This 'person' is elusive, enigmatic, cannot be found through introspection and is constantly growing and changing. The 'person' is integrated with the 'personage': this latter being how we look, what we do, how we behave. This was so important to Tournier's work that it will be discussed in this separate section with some comparative analysis on the person, the personage, unity, synthesis and the spiritual.

'We cannot see the 'person' by observing 'distorted and varied images of it.' The person could only be understood by synthesis, not addition or an unpeeling of layers like an onion (1957:21ff). Before explaining his synthesis further, it is important to describe the 'personage'. Collins (who was a psychologist) describes this as one of the most original parts of Tournier's psychology. Beginning with Jung's idea of the 'persona' or mask he developed the idea of the person and personage that are fused together. We cannot strip away the layers of the personage to find the person because the former conceals the latter (Collins, 1973:73-74). The personage is who we become after years of relationships, events, and influences, like 'clothings of skin'. Perhaps this was an echo of his previous references to Gen 3:21(Tournier,1957:76). Using Jung's idea that the unconscious can never be transformed (1957:62), he believed that this person is only visible by God, does not change and is the original creation. His theory goes some way to explaining why he developed an approach of synthesis.

By synthesis Tournier seemed to mean, for example, that whilst various medical specialities may look at a person from their own specific area of physiology, or psychiatrists may consider the mind or others may offer spiritual help, these parts work in harmony and in themselves, aim to achieve equilibrium. So Tournier deployed the word synthesis, which might be describing a lens, refocused to see the whole person at once. This model in his practice had the advantage of his being a doctor competent in his own physiological knowledge. Discussing the need to diagnose or discern through synthesis he wrote 'absolute causalities do not exist, because the living organism is a unity, all of whose elements influence each other reciprocally' (1966b:133).

Whilst Tournier discusses the personage who develops and wraps around the person, McFadyen, a contemporary author, instead writes that the person develops through social interaction, dialogue and is centred only through their relations to other persons. The person never comes to a 'final resolution' and, really has no centre (McFadyen, 1990:9). McFadyen says he was [also] influenced by Barth, Bonhoeffer and Moltmann but his

conclusions are different to Tournier's (he does not mention Tournier), although perhaps they do both agree that there is no discernible centre of the person.

Tournier saw Cartesian thinking as an error that impeded our understanding of ourselves. He wrote that since Descartes, medicine had been based on a philosophy that distinguished between 'material and psychic and spiritual causes of biological phenomena' (Tournier, 1966:126). This encouraged doctors to use the material as the only true source of knowledge, it [the material] being examinable in a laboratory and so being the only reality. However, claimed Tournier, and using examples, there is a causal relationship between psychological and spiritual factors and pathological symptoms and this he had deduced using his intuitive faculties. He conceded that this 'Cartesian hypothesis' (1966:127) had though enabled the advance of medical science, as the available material is quantifiable and measurable. Unable to prove his own hypothesis in such a precise way, he argued that intuition is no less reliable than reason (1966:127).

Tournier expressed a conviction that a person is a living unity and that the obvious denial by scientists that they could dissect a person and find the soul have been, in some part, responsible for the moral and spiritual regression in society (1966:134).

He believed people had been created with a spirit as well as a body, through the breath of life from God. He wrote that the spirit is incarnate 'in the whole of the human animal' (1965b:53). For him this resulted in communion, a personal relationship with God through Jesus Christ; only through him can God be known. The suppression of God in ourselves has resulted in the loss of personhood that belongs to Him (1965b:36). Further he wrote that it is in communion with fellow people, in a community, suffering without limits that people are able to grow and be creative (1982:70-72).

It is interesting that as time went on, Tournier preferred the use of the word 'spirit' to 'soul' as the spirit incarnate breathed into us. Green also posits that humans are '...genuinely human and alive only within the family of humans brought into being by Yahweh and in relations to the God who gives life-giving breath' (Green, 2008:65). This makes our relationship with God covenantal, a partnership, considers Green.

Before finally leaving Tournier's anthropology, I will additionally consider his writings about our eventual destination through considering his possible universalism.

### 1.4.3 Tournier and universalism

It is appropriate to briefly consider Tournier's beliefs concerning salvation and questions of universalism at this stage, as it provides some clue to his eschatology.

Perhaps influenced by Barth, Tournier possibly shared a universalist view of salvation, agreeing that Christians knew they were saved through the salvific action of Christ and that non-believers, not having that knowledge, would still be subject to a merciful and just God. That Christ's death atones for our sins is a doctrine he mentions often 'His death obliterates our guilt' (1962:185). However, like many theologians including Barth, he did not commit to a total *apokatastasis*, in fact he did not commit at all. According to Collins he shrugged his shoulders when asked if all men would be saved. He said, candidly, that he didn't know. Collins speculates that this was due to his role as a counsellor and the need to be positive when working with fragile people (Collins, 1973:79).

A Masters student named Dan Musick, corresponded with Tournier in the later years of his life on this subject and Tournier was again characteristically non-committal. Musick wrote to Tournier and received a reply. Here is an extract:

That you say as a theologian that I am a universalist is evident, in the sense that I believe that Jesus was sent into the world to save the sinners that we all are. This is what I understand Saint Paul to say when he mentions that sin has entered the world through one man, Adam, and spread to all men... I believe that this great plan of salvation is universal, concerns not only all men but also the universality of the world and that Jesus on the Cross has accomplished this Salvation, this reconciliation of men with God... This plan of God therefore seems to be collective, global, universal (Musick, 1973, cites letter from Tournier).

Musick interpreted Tournier's letter and from the book *Guilt and Grace* that Tournier was an unrestricted universalist and that therefore, his methodology was theoretically open to anyone with, or perhaps without religious conviction (Musick, 1978).<sup>6</sup> If this is so it is in some tension with Tournier's earlier convictions (1965) on the importance of Christ in the relationship.

A further discussion of this will take place at 4.2.8p171, but it may be true to surmise that Tournier was concerned with who could be helped in this life and in his compassion, he wanted to help all who needed it. He clearly intended the sentiments in his letter to Musick and his work indicates that he also believed firmly in the love and friendship of God experienced through his Son, Jesus. Tournier lived in continual and real hope in

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<sup>6</sup> Tournier's letter in [https://danmusickeology.com/paul\\_tournier/](https://danmusickeology.com/paul_tournier/) (last accessed 27/10/2019)

understanding that there will be an ultimate triumph of good over evil for all through Christ's reconciling work, and it is probable that not knowing but only sensing the answer to the question of universal salvation, he trusted in the ultimate goodness of God. He might then be considered to have had a qualified universalist approach.

## **1.5 Tournier's approach to theology**

Tournier's theology and anthropology are so interconnected it is difficult to separate his view of God from his view of humanity in relation to God. Some attempt will be made to do this by continuing to take the two subjects in sequence.

Tournier was perhaps a pioneer in practical theology and therefore his writing was about the practical application of his reading and understanding with the aim of helping others. The following is a summary of some of the influences on his theological development.

### **1.5.1 Influences and approach**

There were some significant events that influenced Tournier's theology and praxis. The life events have been discussed above: the following are others that influenced his thinking and work.

On his theological thinking, he was friends with Brunner through the Oxford Group and met and read the work of Barth that he found accessible. He also read Martin Buber and Bonhoeffer. Whilst being originally 'formed' as a Calvinist, his theology was more a synthesis of his thinking and reading (Collins, 1973:81). Collins, citing from some personal communications, said that Tournier once remarked to him 'I am not far from Barth's theology, we agree on many things' (Collins, 1973:80).

There is some influence of Brunner's thinking in Tournier's work. Although not only distinctive to Brunner, these include: the practical mission of Christianity (McKim, 1997, abstract), the authoritative nature of Scripture in so far as it points to Christ (Tournier, 1997:98), the hypostatic union in Christ (1997:93-5) and an agreement that the basic human problem is sin (1997:103). Brunner, according to Boobyer, was an admirer of the OG's pastoral work (Boobyer, 2010).

Adding to his theological reading and his medical and psychological studies, Tournier also read widely on philosophy and spirituality. His work is richly informed with the NT theology of Paul, drawing heavily on his letters. In addition, he referred to St Francis de Sales (1957:69), Aquinas (1957:215, 220), Barth and Loyola in the same context of love and gentleness (1965:155) and, not surprisingly, Calvin (1966:212, 228). His extensive reading throughout his lifetime included Plato, Wesley, Nietzsche and Pascal but on his theology, as on other subjects, he was always adamant that he did not have a system (Collins, 1980:55). This was unsurprising given the eclectic mix of influences on him. Certainly, the absence of a recognised system of approach enabled him to draw eclectically on a huge range of thought and literature to create his own theology, albeit unexpressed in any summary. The following is therefore drawn from his work and that of his commentators.

### **1.5.2 Main theological themes**

Tournier's practice and writing, indeed his life, were founded on a merciful God revealed in the person of Jesus Christ. Raised and remaining a Calvinist, Tournier remained entirely tolerant of all denominations and other faiths. He always refused to be called a theologian and indeed, there were elements of traditional theology, such as eschatology and pneumatology, which he said nothing or very little about (Collins, 1973:101). He did refer to the work of the Spirit almost as an assumed and accepted consequence of the action of God, and he also often expressed his hope of life after death. His faith was based on the Doctrine of the Triune God and, as such, is traditional and not unusual or distinctive until it comes to life in its practical application. He spoke often of the first and second persons of the Trinity, but his references to the work of the Spirit were from the assumption that a life lived with Christ would be subject to the action of the Holy Spirit who would guide and activate.

He believed in God the Creator who, among many attributes, is Majesty and Sovereign, (Tournier, 1954:157), omnipotent, omniscient, just and merciful, interested and involved in everything we do (1964:10) (Collins, 1973:84). He recognised the Holy Spirit as one who provides vitality and who moves, intervenes, inspires and heals.

Tournier's Christology was founded on his belief that Christ was unique in history as God revealing himself to humanity (1976:133). As such, Tournier continually related to the human life of Christ, his struggles, understanding of human nature and psyche and his

mission to strengthen, heal and restore (1954:152 and 1976:137). He provided new insights into details and conversations from the Gospel narratives. For example, in relating Christ's last struggles, he describes Jesus who was still 'feeling his way' until Golgotha and who is still alive today, waiting for mankind beyond death and resurrection and providing humanity's ultimate hope and healing (1982:140). So Tournier was a committed and active disciple. He believed that a commitment to Christ was an adventure beginning (Collins, 1973:88).

Believing in Christ as an historical reality, he described the Incarnation as the start of the reign of the Spirit. 'God incarnates it gradually in all these new appearances of the spirit...following in Christ's footsteps and receiving his grace' (1977:134f). He saw this reversal of attitude expressed in the Beatitudes. Jesus, entering history at the height of strength of the Roman Empire, brought a message of reaching out to the weak and sick that was liberating. The healing of the sick, psychotic disturbances healed through Christ and a return to vitality, occur through people experiencing the grace of God. This grace is received through our fellowship with Christ.

Tournier hoped that the restoration of people might spread until society is transformed. He mentions God's call of people individually, such as Moses, Francis of Assisi, St Paul and Karl Barth, to a life of 'rugged obedience' to allow their ministries to flow and transform society. 'The Gospel of Jesus is a gospel of growth' he said, describing God's desire for all people to develop and evolve from 'a lesser condition to a greater one' (1976:134ff). Tournier, confessing Christ as the incarnation of God, and painstakingly, through his careful study of the Bible, drew a detailed picture of Jesus the human, turning society upside down, especially on the Cross. He believed that the transformation of society must happen through the transformed individual who takes their spirit and God's Spirit into their everyday life (1967a:212).

Nothing in the reading of Tournier indicated that he held any unconventional theological views, but he was able to bring Christian theology into the world in a practical way.

## **1.6 Tournier's praxis and approach to healing**

Tournier's Medicine of the Person consisting of his rationale, soul healing, sin and forgiveness, acceptance and grace will be described in this section. Prior to this and

continuing from his Christology above, he believed that surrender to Jesus was an act of growth. Clark comments on Tournier's explanation of this, writing that Jesus was 'outside the limits of psychology. His life is inconceivable within the limits of classical psychological determinism'. However, Christianity and psychology are not incompatible. (Clark,2007:58-59). Renunciation, Christ's calls to detachment and a turn to him are psychological decisions he posits. The resulting growth from the turn to the Gospel call is freedom and growth unimaginably rich by allowing God's divine law to lead (Tournier, 1978:208-209). This explanation of the result of a *metanoia* is an introduction to Tournier's approach to healing which achieves its fullness through a turn to Christ.

### **1.6.1 The Medicine of the Person**

This is the heart of Tournier's practice and is the foundation of what he did and wrote about. For many involved in healing today, a holistic approach seems unremarkable and is indeed a way of working as will be discussed in later chapters. However, in Tournier's time it was innovative in conventional medicine, which was often practised with an approach that Tournier considered reductionist (Fulford et al, 2007:19). Contemporary commentators affirm that he gave equal weight to the health of body, mind and spirit. He did not regard them as separate (2007, 18-19), using terms such as body, mind, and psyche, soul, and spirit interchangeably.

Fulford, Campbell and Cox (Fulford et al, 2007:19) described Tournier's meeting of the doctor and patient as being illuminated equally by science and faith and producing healing of the whole person, a revelation in his time. Tournier was operating at a time when science and medicine were making great strides in development, and when society in Europe was reappraising itself after the Second World War. His realisation about integration of the person, perhaps understood for many centuries in other cultures, he claimed was lost in the development of science in the West.

Tournier developed his new approach saying that his methodology was not a speciality, but an attitude of maturity in the doctor and is the ability and willingness to lay oneself open to the action of grace (Tournier,1965:xiv).

In this field of interest, Tournier's close contemporaries were Jung and Freud and he frequently referred to their groundbreaking psychology (Tournier,1965:36-39 & 75). Tournier believed that he was working with something different, a third dimension, that of



the spiritual in relationship with Christ. Whilst acknowledging that Jung's psychology was more in tune with the spiritual than Freud's, he felt that neither of them really understood the significance of this third dimension, which was uniquely spiritual and Christian.

Tournier's early 'model' (see p28) he called the body, the psyche and the mind. The point of intersection is the spirit, the heart of a person; by its very nature it is non-spatial (1965b:53). The spirit expresses itself through all these aspects, the body, psyche and intellect and assures the harmony of the three. Collins, in analysing this triangulation, suggests this might be better described as a pyramid as the spirit is not discernible, but concludes that Tournier does not clearly describe how other aspects of the human subordinate to the spirit (Collins,1973:52-53). As may be noted, Tournier uses different terms to explain his view of aspects of the person; the only consistent one is the body. Collins is a psychologist and so may well have found it difficult to pinpoint Tournier's approach to 'soul healing' which cannot be taught, and, as with his whole approach 'cannot be separated from the man' (Pfeifer & Cox, 2007:45).

Tournier himself believed that this difference, based on the relationship between the person and the doctor in the presence of God, was the distinctive feature of his work. He borrowed a phrase from Martin Buber: not 'I-It' but 'I-Thou' as the difference between medicine as practised at his time and his own personal style. By this he meant the doctor was fully engaged in person, in the relationship, bringing love and care into the consulting room.

Tournier then described 'the flash': the moment when the two people suddenly commune, make contact, understand something deep that has been hidden, perhaps revealed by God. This is also the moment that Christ enters and this communion makes the encounter reciprocal; progress can then be made in a partnership (Tournier,1986:32-35). Tournier then introduces 'soul-healing', bringing souls into personal contact with Christ. The body, mind and spirit correlate to what he describes as somatic and psychological medicine and soul healing, and are not separate but interdependent. 'To treat a man is to treat him in his entirety' (1966:136).

Tournier argues that, whilst the understanding of the transference of spiritual and life events into psychological functions is accepted, they should also be understood in physical medicine. The endocrine system, he believed after discussion and exploration with contemporary colleagues, was the anatomical system that most reveals the connection between psychological factors and secretions of the ductless glands. He posited that this is

a two-way process, as the psyche affects the system as well as the other way around (1966:132). If the purpose of medicine is healing, then the physician should consider everything that contributes.

His thinking may be supported by some contemporary work by Koenig, who, as a physician, has laid out in detail how spiritual care might be taken into conventional health care settings (Koenig, 2013).

Tournier wrote 'In Christian soul-healing I always feel I am taking people on a tour of their minds' (Tournier,1966b:246), describing this process as entering a darkened room and gradually, by the light of Jesus Christ, vague shapes begin to be made clear and we can see what could not be seen. Tournier had coined this phrase 'soul healing' earlier (1965:135) defining it as bringing souls into personal contact with Christ. As is characteristic, Tournier cites many examples of where and how he has done this and the beneficial effects on his patients or clients (1965:235-38). He also defined soul healing as a transformation of life but acknowledged that for some his methodology did not work or was short lived.

Tournier's Medicine of the Person therefore concerns a three-way 'trialogue' between the person, the doctor and in the presence of Christ. Tournier is remembered for the synthesis of body, mind and spirit but closer reading has revealed other unique 'Tournier elements' that include the personal input of the doctor through the bringing of self and love into the relationship with a reliance on prayer and Scripture. Tournier's work is littered with personal anecdotes that demonstrate his own humanity and vulnerability that he shared in the consulting room. He saw giving something of himself as essential, a relationship of equals, and a dialogue in friendship rather than remaining professionally remote or aloof.

In practice he would initially spend a long time listening to the person, not interrupting or trying to find solutions. He was absorbed with people, their problems and life. He accepted people and gave them his friendship and support; he felt that individuals needed this when they were weak. Using dialogue, he tried to help people understand themselves so they could begin to find their own answers. This he did through conversation, not by preaching, or by being aloof, but by metaphorically walking with them. He tried to find solutions or further help for each person. This might have been a referral on to a confessor or psychiatrist and sometimes he laid on hands for healing (Collins, 1973:126-127). He knew that he did not have the answer for everyone, as people may not respond for various reasons, but he focussed on the person and their needs.

Tournier described healing as ‘...a sign of God’s patience...intervening on the disordered state of nature, to postpone the inevitable outcome’ (Tournier,1954:207). He considered healing to be a sign of God’s grace, which is life enhancing even if it is in the face of inevitable death.

### **1.6.2 Sin and forgiveness**

Tournier understood that fundamental to ‘healing of the soul’ was facing up to guilt and sin, often seeded in childhood, eroding the spirit and wellbeing (Tournier, 1962:9ff). Each of his books touched in some way on the problem of sin and guilt. His volume *Guilt and Grace* was devoted to how we should deal with one and embrace the other (1962).

He posited that every psychotherapist comes across the victims of moralism, particularly when it has come from within the family. Instead he believed that we should purposely adopt rules of life for the love of God derived from the Bible (1957:118). He asked that every person be unreservedly themselves, not self-judging or judging of others (1962:17). He taught that counsellors needed to pray to be good spiritual healers and be able to put themselves into a position where they can receive the confession, the secret that may never have been told, and help the person lift the burden. Tournier accepted that each individual will ultimately discard their guilt in accordance with their religious tradition, but preparation by the befriender is important, as is their willingness not to judge, but to help the person be free in Jesus (1962:22ff). Any condemnation he felt was damaging both to the relationship of the doctor/patient and to the healing of the person. He cited Luke 13:4 as Jesus, put on the spot about the connection between sin and disease, said we should all repent, and this brought his disciples to consider their own sin. Therefore, proposed Tournier, others are helped by someone enabling their release as part of their healing (1966b:227).

Tournier used Scripture to recall that even Jesus was subjected to an attempt by his parents to make him feel guilt when, as a boy, he returned to Jerusalem to speak with the Scribes (Luke 2:41-52). However, Jesus’ reply that he was on his Father’s business illustrated that ‘...his psychological health relied only on his total dependence on God -and so should ours’ (1962:69).

Tournier, whilst very serious about the eroding and destructive power of guilt, also emphasised the negation of the guilt once it has been dealt with by its confession and

release. His writing expressed the joy that he believed this brings; telling us that the closer we are to God the more we experience his grace (1962:41 and 1962:86-88). The person liberated from sin by confession has a joy, which is contagious; it comes by grace through encounter with God and they are then able to become more personal in their relationships. Tournier believed that the world needed more people 'reborn' in this way: (1954:158).

### 1.6.3 Acceptance and grace

Tournier wrote about acceptance a great deal, introducing the subject early on in his work (Tournier, 1965:142) and near the end of his life affirmed:

Acceptance plays such an important part in our development that I come back to it in every book I write...but in my youthful zeal I tended to treat it as black and white: I failed to see there were shades in between...to preach acceptance to someone in revolt is to aggravate his distress' (1982:73). There are acceptances that only God can demand of us, because it is his love which makes acceptance possible...' (1965:75).

He wrote a section on acceptance in his book *Learning to Grow Old* (1972:169ff) encouraging the old to accept where they are in life, continuing to fulfil hopes and dreams where possible.

He was an optimist; his work is characterised by good humour and hope. As he approached the problem of evil without offering any explanation of suffering, he further believed that God wants all people to be healed (1982:20 & 55). Therefore, he emphasised the relationship between suffering and creativity through acceptance and faith: the opportunity to become something or someone new (1982:21ff). He said that since he accepted evil as a fact of life he was no longer astonished by it (1982:22, 86,94ff). Late in life he returned to his view of suffering which was founded on his belief that it is how we react that matters and thus he wrote *Creative Suffering* (1982). What concerned Tournier was the response to ill fortune, determining our growth as a person depending on our positive or negative reaction. However, this response depends on our history, the personal experiences in our lives, the chain of events leading up to a calamity and our ethical and spiritual positions. So Tournier was rather more interested in whether we are free to choose how we react. Drawing on Dr Jacques Sarano's work, *L'homme double*, (Tournier, 1982:30 citing Sarano, 1979), Tournier utilised the example from this work that in each of us there are two contradictory people, the critical and the ethical. The former is logical, adopting a cause and effect approach to life events including genetic propensity towards

certain behaviour. The ethical person, however, takes responsibility for their actions and considers the grace of good things and events that may or may not follow the bad, but will embrace and draw strength from the good (1982:30ff).

Tournier grew to believe that acceptance is at the heart of healing from loss and bereavement. The loss, be it a person, career or a physical faculty, does not have to be liked, but can be accepted in a prayerful relationship with God who will 'do the mourning with us'. He also believed that people are not helped by being preached at or by being given literature but need to be introduced to the love of God (1982:75). Tournier refuted Freud's approach of detachment or severance from the object of loss, but believed we should 'get inside the pain' (1982:87). He uses the analogy of a nutcracker releasing new life, thus allowing something new to happen. He wrote that acceptance is a complex tangle. It is not simple but can be untangled with the help of the Christ if we allow (1982:90).

He was clear that this does not mean that people should carry burdens that are too great (citing Luke 11:46) but rather noted the importance of community in healing by encouragement. He said that society is a 'vast laboratory of mutual encouragement' and that we must help each other with courage and encouragement (1982:95). He warned however, that inspiring courage without reference to God is a risk, citing Hitler, a man of Tournier's time who could inspire courage and action, but without the teachings of God. People should, said Tournier, be taught to listen to God (1982:104) to place their faith and action in the right place.

Not only devoting a book to suffering, Tournier also placed the problem at the heart of his healing praxis. He believed that embracing and accepting suffering whilst God endures it too, is a significant step in the process of restoration and renewal. Relating the crucifixion of Jesus, he pointed out that Christianity is the only religion with a suffering God and, as such, we have a God in heaven that has experienced the worst of sufferings and has passed through death where he waits for us. Tournier draws on the God of the Old Testament to make his conclusions on the suffering God: the God whose anger flares frequently and so has passion. This passion is in Jesus who not only walks with suffering and sickness in others, but then suffers himself. Other religions present a God 'in apotheosis' Tournier notes, whilst the Christian God suffers (Tournier, 1986:85). This description seems to indicate Tournier is in line with the theology of his time such as Moltmann, but not of the view of an impassable God.

Tournier further suggested that rejection of one's lot in life is harmful. He was quick to emphasise that the alternative of acceptance is a hard battle to be fought, and needs to come after any anger has been dealt with, but he posited that acceptance with a soul open to God allows a probable renewal and new creativity (1982:73 and 173). Tournier illustrated this process of anger and acceptance through Scripture. Jesus showed his own revolt by his questions to his Father at Gethsemane (Matt.26: 39) and Golgotha (Matt.27: 46) before his acceptance on the Cross (Luke 23:46).

Tournier discussed the outpouring of God's grace in the lives of those who embrace suffering, illustrating this action of God's grace in the summary of his own life. Its tragedies were softened by events such as fostering by family, his school tutor, medical training, marriage to Nelly, describing each positive event as a grace, a gift, which enabled him to grow and flourish (1982:32ff). He was certain that those facing any serious and what he referred to as 'moral trauma' needed outside help. Some things are too difficult to face alone (1982:32), listing the people who had helped him and come to his aid in his own time of need in his life. Without love, he said, deprivation has a negative coefficient; love gives a positive effect (1982:34).

Using the idea that 'forgiveness is grace' (Tournier, 1954:158), he posited that we often resist that grace by refusing to let go of 'the guilt of unfinished business' (1962:54). Growth, for Tournier, was crucial and available to everyone who embraced and accepted God.

We have little control over the events of our lives...what we are responsible for is our reaction to those events...our reaction depends on the help that others give us.... I always think it is the grace of God which inspires a person to make the move towards that true encounter... (Tournier,1986:133).

Doctors too must find grace if they are to help people beyond their medical science. It is in prayer and quietness that they can, by grace see the whole person, the root of problems and then begins to treat the source of the ills (Tournier,1966:xiii).

Tournier, always the hopeful optimist, was realistic about the struggle on the journey to healing:

Living in grace is not the same as living in cotton wool.... he who has tasted grace can no longer be content with compromises etc....he is constrained to confront all life's problems courageously... (Tournier,1954:221f).

Tournier's work on acceptance has resonance with contemporary work on acceptance and commitment theory (ACT). It has some part to play in Cognitive Behavioural Theory (CBT),

and is the guiding principle of the work of Alcoholics Anonymous (AA) and will be considered later in this thesis (Hayes, 2016).

As a conclusion on his experience of God's action through acceptance and grace, his letter to Collins, who asked him to write for his own book concludes with '... I seek to understand those who want to work with me and to help them approach God and find his Grace' (Tournier, 1980:55).

## 1.7 Critique

Tournier was a man both of his time and yet unusual in his time. He was of his time in that he was in the Freud and Jung school, exploring psychology and its impact on human physiology. However, he was unusual in his inclusion of both the spiritual and moral in health and healing. A neglect of any aspect of a person in a medical diagnosis he saw as omission. By extending his thinking into the area of morality and sin, he believed that ignoring the importance of sin leads to guilt and basic unhappiness, which in turn affects the body.

His enthusiasm, optimism, acceptance and forgiveness, his willingness to listen and enter the problem of the person are positive and transferable attributes. His approach to identify and unwrap the 'person' created by God is an approach that the Christian Healing Ministry (CHM) might develop further. Tournier's faith in the person of Christ as healer in the relationship between the person and the counsellor is at the heart of his praxis.

Tournier's approach does have some limitations both for his time and for this time. These are in the areas of his lack of system plus contemporary evidence and ethics requirements for professionals. Further there is the challenge of the transferability of his language about morality and sin into our contemporary and more secular society. His views on the question of universalism are a challenge for some in the CHM who may believe in the need for a confession of faith before receiving God's mercy.

Tournier published a book *Learning to Grow Old* in 1972. Growing old is a significant issue for society today, but Tournier's book is about acceptance, keeping active, slowing down without giving up. With the increase in life expectancy since Tournier's lifetime, there is an inevitable lack of reference to diseases and issues that have increased in their prevalence. These would include conditions of old age. For example, what happens when

‘the person’ begins to disappear with progressive dementia and further and how does Medicine of the Person respond to the call for legalising assisted dying? These questions have answers but require research to bring his approach up to date for the practitioner.

On his lack of system he wrote ‘Of course, I lack competence in each of these individual disciplines, and the experts find it easy to denounce my mistakes and see me as a perpetual heretic’ (Tournier, 1982:36). His system was to read and practice widely and bring it all together for his writing. He explained it through stories, anecdotes and narrative. This not only makes his praxis difficult to teach, but today’s medical science is evidence based, within which licensed practitioners are expected to work. Indeed, public funding is only given to proven treatments. Whilst there is growing evidence for psychosomatic medicine <sup>7</sup> and a general acceptance of it as an interdisciplinary approach to diagnosis and treatment, there is little evidence to encourage explicit engagement with the third or spiritual dimension of Tournier’s work. However, a recent literature search did reveal a very current article that seems to be reawakening the work of Tournier and others on the ‘whole person’ approach, including the spiritual (Grassi et al, 2017).

This leads to the issue of ethics and the reduced freedom of doctors to express their beliefs or introduce the possibility of the spiritual into a consultation. GMC guidance is so worded that clinicians are unlikely to bring religion into their clinical practice, as this would leave them vulnerable and open to criticism <sup>8</sup>. However, a properly safeguarded CHM can and does fill this gap in its own field, but it is important that practitioners do no harm when adopting his approach of the ‘whole person’. This needs careful knowledge and understanding through training.

Thirdly, Tournier worked on an assumption about the impact of sin, separating us from God and our neighbours. His language about morality and sin was of its time, and although preached in Churches, is not well received in a secular environment. Without diminishing the understanding of potency of sin, finding language that helps people to face their conscience is a challenge for the Church and its CHM. Language about sin, separation from God and from deep needs and values might need to be reframed without diluting its meaning for ‘clients’. This is because some ‘sin talk’ can be misunderstood and thus be

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<sup>7</sup> Journal of Psychosomatic medicine found at <https://journals.lww.com/psychosomaticmedicine/pages/default.aspx> (last accessed 20/1/18).

<sup>8</sup>GMC (2013) guidance on personal beliefs found at [https://www.gmc-uk.org/guidance/ethical\\_guidance/29799.asp](https://www.gmc-uk.org/guidance/ethical_guidance/29799.asp) (last accessed 20/1/18).



destructive. For the practitioners, however, language about sin can be informative and entirely necessary in their ministry.

These limitations will need to be considered when bringing Tournier's praxis into a contemporary CHM and will be discussed further later in Chapter 4.

## **1.8 Emerging themes for the CHM**

This next section summarises the main themes of Tournier's practice insofar as it has relevance to the field of practical theology and the CHM. The aim of this identification has been to provide a framework for the empirical research that follows this phase.

### **1.8.1 Prayer and Scripture**

Tournier's practice and life were rooted in daily mediation and prayer. This was his way of entering God's presence and discerning His will. Using the Bible as a guide and companion both in this prayer time and as a reference to questions for daily life, he believed that counsellors/healers in the Christian context should be people of prayer who could expand their field of consciousness by self-examination and acknowledgement of their sin. They should also be familiar with the Bible as a book of life. Without this devotion to prayer and Scripture and the ability to bring them into the 'consultation room', Tournier would not have been uniquely Tournier.

### **1.8.2 Medicine of the Person**

Medicine of the Person is obviously at the heart of his work, how this is understood and adopted in the CHM, which speaks of 'wholeness' and the 'whole person' is an area for probing in the next stage. How do practitioners in the CHM understand 'the person' and does this understanding influence the way they practice?

### **1.8.3 Jesus, 'the flash' or encounter**

Tournier's healing approach included the very real presence of Jesus Christ. It is Jesus who illuminates our thinking, speaks to our spirit and heals. Jesus is the hope and *telos* for all people and for creation. It is assumed that this will have resonance in the CHM but how that is expressed and what is happening in this meeting will be researched in the next phase. The prayer that accompanies this encounter will also be explored.

### **1.8.4 Guilt, sin and forgiveness**

The task of dealing with guilt and sin thus allowing God's grace to work in people is a critical aspect of his methodology. Guilt, he believed, is a block to healing and should be dispatched in whatever way is appropriate for the individual. Helping people to confession within their tradition is one of the crucial steps in Tournier's approach to healing, and consideration on how and when this happens is a topic for further discussion.

### **1.8.5 Listening and friendship**

Tournier was a listener, using skill and reflection, allowing issues to emerge and for the person to begin their own self-examination and perhaps find their own answers. He was something of an early pioneer in this aspect of his practice. 'Really to love is to listen' (Tournier, 1972:62f). In this listening and attention to the person, Tournier offered friendship, love and support. He was not aloof or detached but entered the situation as he walked with the person. He would know when his approach was not working and he would refer people elsewhere if they needed specialist treatment. Two considerations for practitioners in the CHM might be how they are trained for and hone their listening skills and how to know when they are out of their depth.

### **1.8.6 Suffering and acceptance**

Suffering, acceptance, and embrace of the problem and allowing God to do the work of mourning with us was a common theme, and his approach is potentially a significant area for the CHM's development. Connected to Tournier's understanding is that this opens us to the action of God's grace and subsequent creativity and renewal. How this message or approach might be reflected in the current CHM or applied to it for the healing of suffering is a key question for the next phase of the project.

### **1.8.7 Church and community**

Tournier speaks of the role of community in the task of both encouraging people and also giving them courage to face suffering. This raises a question of whether the Christian community understands this and how it can provide a framework for support and encouragement in a sustainable way (Collins, 1970:91). How the practitioner understands this and how the community, Church or otherwise, can be mobilised to encourage and support today, will be of significance.

### **1.8.8 Universalism**

Tournier's views on who can be helped is a theme threaded through his work and is very relevant to the CHM and its practice. Did he believe that all will be saved or was his universalism concerned more with who could be helped by his work and that of others in Christian ministry? This will be discussed insofar as it affects those in practice in the CHM.

### **1.8.9 Safe practice**

The area of safeguarding and wellbeing is of key importance in Churches today. Ensuring not only safe practice but also that the practitioner 'does no harm' is a theme from this study, not only in the practical but also in the psychological care of people. There will be further discussion in the context of supervision and reflective practice.

## **1.9 Summary**

This chapter has explored Tournier's life, influences, thinking and his praxis as a physician/Christian counsellor. It has aimed to provide some deep understanding of the man and his work and to give a framework of his themes for the next stage of the research.

The identified themes identified from this study of Tournier will be the areas for discussion in the empirical research in the CHM.

## **Chapter 2. Research approach and analysis**

### **2.1 Introduction**

This chapter describes the overall approach and progress of the project with the specific inclusion of the methodology of the empirical research. It also explores the chosen methods of data generation and analysis. This empirical stage of research occurred within the context of the initial literature review and the subsequent library research on Tournier. It involved further examination of the themes drawn from his work, and identified those relating to his praxis that might be relevant in the CHM in the field of practical theology.

In the first section (2.2) the *a priori* assumptions, preparation and planning, methods for data generation, analysis and means of assuring trustworthiness are explained, along with my positionality as researcher. The ethics of the research and any anticipated limitations of the approach are also described. A 'roadmap' of these planned next steps and the route back to answering the main question was developed prior to embarking on the interview and analysis process (Figure 2,p62).

The second part of the chapter (2.3,p71) describes the process and the events of the empirical research and the subsequent data generation journey and analysis, with justification for any changes to the initial planned approach.

### **2.2 *A priori*: the planned approach**

This section describes the planned approach by explaining the methodology and methods within the context of the research proposal. The original research proposal (April 2017) was laid out as aims, approach and objectives of the project. The following explains where each objective is addressed in the study.

The first objective, to engage critically with the literature and work of Tournier, was completed through the critical literature review that is discussed in Chapter 1 and listed in Appendix 1. The second objective of examining the distinctive nature of his practice was explored in Chapter 1. This chapter describes the approach to the third, the empirical research.

### 2.2.1 Methodology

This section considers the methodology that is the general approach or strategy to the project, and the justification for using the chosen methods. It aims to illustrate the process and underpinning assumptions of the research.

#### *a) Research strategy.*

To restate, the purpose of the research is to discover whether Tournier's work can further develop the CHM. This is a practical theology project and short quotes, which relate to this work, were drawn from Ward (2017) and Hunsinger (2011).

Firstly, Ward writes of practical theology as '...a way of doing theology that arises from and seeks to inform the pastoral practice of the Church' (Ward, 2017:10). This has resonance with the aim of this project, which is concerned with further informing the CHM and its practice.

Hunsinger's defines practical theology as 'First and foremost a theology of God's care for the world in Jesus Christ, in which we are invited to participate' (Hunsinger, 2011:9). This idea is entirely connected to bringing the caring, healing ministry of Jesus Christ into the world.

These two definitions provide a backdrop to the research strategy that is to develop the CHM through a dialogue between Tournier's work and the Church today.

From this beginning, the ontology or underlying assumptions of the research were developed. Inextricably linked to the ontology is the epistemology informing the methodology and methods for the generation of knowledge for the study.

#### *b) Ontology and Epistemology.*

The ontology of research might also be described as underpinning assumptions that can range from a realist to a phenomenological approach. Realism is concerned with finding out what can be discovered about a world that is believed by realists to be independent of our perceptions. This understanding is usually the ontological approach of scientific study.

At the other end of this spectrum is the phenomenological, a relativist perspective. This position holds that reality does not exist in a meaningful way outside of our experience

and perceptions of it. When investigating social issues, a phenomenological approach is usually employed (Andow, 2017).

Coffey (2016) provides a helpful and concise examination of these two polar perspectives by exploring two thousand years of the search for identifying real knowledge and truth through reasoning (Coffey, 2016:back cover). Beginning with Plato's *Theaetetus*, Coffey traces epistemology through to contemporary relativist thought. Beginning with Protagoras' belief that 'man is the measure of all things' (Coffey, 2016:4), Coffey moves through history and a use of logic to posit that knowledge is achieved by two routes, one of non-sensory understanding and the other of perception. She agrees with Socrates that a total reliance on relativism leads to absurdity, the world as understood through relativism becoming unsustainable (2016:10-16). However, she notes, some ideas or perceptions must be more reliable than others as we function on those two levels: 'the reality of the sensible world in which we are entitled to have some relativist perceptions...and the reality which only provides us with signals of its existence, but is inaccessible for us' (2016:16).

Deciding on the ontology for this study led to some initial personal reflection as follows. Given that the Gospel narratives are drawn from eye-witness accounts of the narratives of Jesus, it might have been considered that a realist assumption be taken, that there is a world independent of our perceptions in the ministry of healing and that a realist approach could test the realities of healing (Grix, 2004:60ff and Andow, 2017). This could also be considered as a foundationalist approach, knowledge built on some measure of solid ground. Foundationalism includes eyewitness accounts or some innate knowledge, but is still subject to unreliability (Coffey, 2016:34).

The brief reflection concluded that as this project is seeking to know people's perceptions and experiences of the healing ministry, as opposed to establishing realist evidence on its efficacy, the ontology in this study is primarily phenomenological in nature. In seeking to understand the experiences and perceptions of the people involved in the CHM, I set out to construct a view from an analysis of their experiences: thus, the ontological approach is also constructivist. Constructivism says that the social world is different to the natural world and focuses on people's subjective understandings, discovering multiple truths and that it is important to access the worlds of those being studied to understand the meaning of their actions (Andow, 2017).

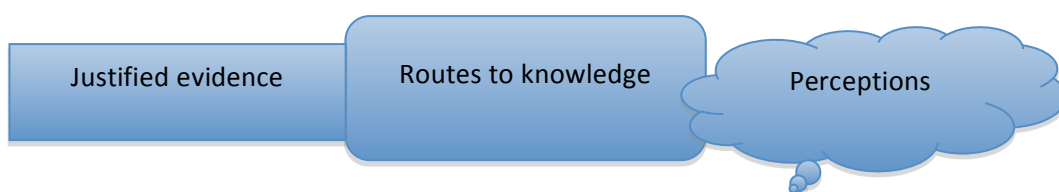
A phenomenological ontology then led to the adoption of an epistemological position of generating data, as in the area of social research and that '... a legitimate way to

generate data on these ontological properties is to interact with people, to talk to them, to listen to them, and to gain accounts to their accounts and articulations' (Mason, 1996:39-40). Therefore, the knowledge for this subject has been gained through the typical social research methods of interviews and discussion as opposed to scientific experiment and is therefore, qualitative.

However, investigating the perceptions of people on the phenomenon of healing has, at times, been extraordinary as might have been expected, and having some ontological and epistemological theory to return to has been important when reflecting on the data generated. Given the view of Coffey, the approach has not been exclusively relativist, as the practical nature of the project raised some very contemporary issues of the efficacy and safety of an approach that often involves vulnerable people. This raised both ethical (and so relativist) and practical concerns, the latter adding some realist element to the findings. Further, the thematic analysis provided a degree of quantitative data that also gave a realist dimension.

Concluding with Coffey (2016:75) who posits that different routes to the same fact may increase the reliability of our knowledge, I became continually mindful that the elements of realism in this study strengthened the research conclusions.

The following Figure 2 attempts to summarise Coffey's work visually, that the knowledge we develop is informed by both justified and measurable evidence as well as human perception. A balance of these two inputs supports the creation of reliable knowledge.



**Figure 2. Routes to knowledge (inspired by Coffey, 2016)**

*c) Methodology.*

In exploring the phenomenon and experience of people involved in the CHM, and so generating qualitative data, the research methodology has tended towards the interpretivist, an interpretation of the findings from the data. The data analysis process was inductive; the emerging theory coming from a 'bottom up' approach of using data derived from people's experiences to develop the resultant theory. Gibbs describes this as 'a logical

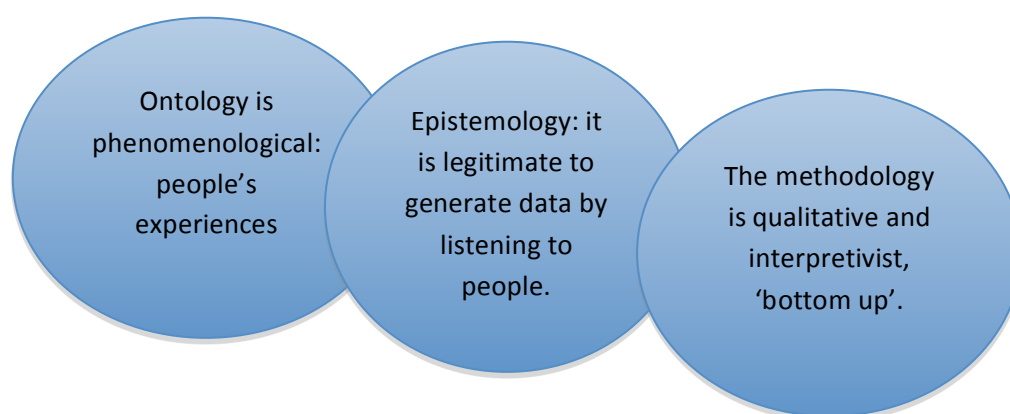


move from a number of specific statements...to a general theory or explanation...' (Gibbs, 2007:149).

However, some authors on research methodology advocate a flexible approach when deciding on methodology. Ezzy suggests being mindful of and considering pre-existing theory or assumptions. 'Hunches should not be kept at the back of your mind' he says but the researcher should allow an on-going process of deduction and induction, rather than force the data into the theory (Ezzy, 2002:10-12). Researcher pre-existing assumptions are addressed later, (see p66).

The research methodology, whilst leaning towards the interpretive end of the spectrum, allows for some interplay between deduction and induction. This is referred to as retroduction, at least allowing initial ideas to inform the findings and acknowledging that almost all research involves deduction at some stage (Grix, 2004:114).

The figure below is a diagrammatic illustration of the research paradigm and strategy as explained above.



**Figure 3. Ontology, epistemology and methodology**

### **2.2.2 Research design and methods**

This section describes the design of the research in relation to the planned methods, data generation and analytical approach. The research design was based around the generation and analysis of qualitative data, which can be generated through a variety of activities (Gibbs,2007:2).

*a) Methods.*

Consideration was given to the subject area in this study being potentially sensitive and dealing with people's journeys, often through difficult circumstances. Therefore, participant observation and case study approaches were ruled out on ethical grounds, as being potentially too intrusive. Ethnography was not relevant as there is not one community to observe, although there was one weekend meeting that I attended where notes of the event were fed into the analysis, with permission of the attendees.

In order to obtain rich data, the research was otherwise designed around semi-structured interviews and focus groups, so that the praxis of Tournier could be explored and discussed in relation to the praxis of individuals and groups in the CHM. The aim has been to encourage people to consider key factors of Tournier's work and discover how they respond to his thoughts and approach. Prompt cards were developed with quotes and examples from Tournier's work at the interview to focus and reinforce the questioning (Appendix 3). The interview schedule (or list of questions) was developed with the assistance of Dr Caroline Andow, an academic member of staff of the University of Winchester. The resulting schedule designed to focus on how I hoped the interviewee would approach the subject in question.

This method, which might be described as a conversation between Tournier (through his work) and the participants, emerged after discussion and reflection as an alternative to some other, more conventional methods. For example, Theological Action Research (TAR) (Cameron et al, 2010) was eliminated as that method involves observation and discussion on pastoral activity. Similarly, the pastoral cycle was not used as this is often deployed for problems in pastoral practice and therefore generates learning and transformation from a particular situation (Ward, 2017:100).

Therefore, a conversation between Tournier's voice, the interviewee and the interviewer was planned with the subsequent task of listening to the dialogue and drawing out the richness of the results. Ezzy explains that the aim of this type of qualitative research is not to define what is 'out there' but to use the resulting data as 'other', a participant in the conversation (Ezzy, 2002:109). From the initial conversations recorded in the interviews, the data was intended to be part of the bigger conversation between the participants and Tournier using both the individual and the data generated from the interviews and focus groups.

Rowan Williams (2000) discusses conversation in the context of charity, community and social practice. He notes that there is a spectrum of encounters that we share in conversations. They may be casual, about the weather, or intimate, about a shared experience. Not only do relationships develop through conversation but also so do our experiences in talking about them. Our understanding is enhanced, as may be our interest or enthusiasm (Williams, 2000:81ff). In this research the meeting with a stranger or a friend in a new context to discuss the CHM meant a mutual recognition of belief, of something held deeply in common. It required trust and belief that the interviewee could talk about their experiences in depth with someone who was receptive and believing. Williams also pointed out that it is important to respect the words of another and not to distort the message or context (2000:82). In this context then, my role was to orchestrate that conversation and to be mindful of the risks of unintentionally muting comments and threads.

Having established the themes of Tournier's work during the literature and analysis stage, the empirical research was then designed around the semi-structured interviews and focus groups. The aim was to encourage people to consider these key themes from Tournier's work and discover how these representative practitioners responded to his thoughts and approach. The focus groups were planned for post-interviews to discuss the findings and explore if they had resonance with others in the CHM.

The next planned step was to analyse the results of the discussions with the documentary (literature) evidence, being mindful of the positionality and pre-existing theories of the researcher. These three sources of knowledge would then contribute to constructing the concluding theory.

How the empirical stage unfolded is described in more detail in section 2.3 but the following explains the planned intentions.

#### *b) Interviews and focus groups.*

Some time and discussion were taken to develop the interview schedule (Appendix 3). Its structure drew on the themes concluded at the end of Chapter 1. These were:

- Prayer and meditation, use of Scripture.
- The concept of the Medicine of the Person, the synthesis of body, mind and spirit.

- The dialogue that becomes 'trialogue'. The person and place of Christ in the healing setting.
- Guilt, sin and forgiveness.
- Listening and friendship.
- Suffering, acceptance and grace.
- The role of Church and community in healing and accompaniment.
- The question of universalism.
- Safe practice.

The reason for choosing the face-to-face conversation has been explained in the methodology as a feature of the phenomenological approach. It was important to prepare the questions in the semi-structured interview to both give the conversation direction and allow for diversion, a new thread of informed discussion that would add to the data (Grix, 2007:127ff). Reflective focus groups were intended to add another layer of data, that of extended testing of the findings through discussion. One group involved people who had not been involved in the empirical stage and the other included several who had been interviewed.

### *c) Positionality of the Researcher.*

In this project I was the researcher and so the instrument of the research. I attended and facilitated the interviews and focus groups. With some support I aimed to ensure trustworthiness as articulated below, analyse the data and make the conclusions. My practice context as a Trustee of the Acorn Christian Healing Foundation (Acorn CHF) where I have a role in setting strategy and direction whilst overseeing the operation of the Charity's objects. Thus, any staff or volunteers at the charity were assured that there was no obligation to participate and that I was acting as a researcher. They were given names of contacts if they felt intimidated or concerned (Appendix 2).

My NHS background and ministry of intercession has possibly given me a bias of conviction. However, the research aimed to test the practices of Tournier with the aim of further developing the CHM, as opposed to quantifying the reality of healing. The steps taken to test trustworthiness are explained below. Additionally, the advice of Flick (cited in Gibbs, 2007, xi) was considered; that qualitative research should avoid beginning with a too

well-defined hypothesis or concept, so that both can be refined and developed through the on-going research process.

*d) Participants and representation.*

The number of twelve to fifteen interviews/focus groups was initially decided as the sample number for several practical and economic reasons. It raised questions of whether the number would be enough or, alternatively if I would reach data saturation. A recommended article on the subject (Guest, Bunce & Johnson, 2006) provided the conviction to begin with that sample number as 'just enough' with the intention of reviewing for too much data or the need for a search for more. As recruitment began there were more suggestions for participants and so the final number of interviews was fifteen involving nineteen people. This represented a reasonably broad spread of Church tradition (See Table 1,p73).

*e) Analysis.*

After using the adopted methods of data generation of interviews and focus groups to provide primary research data, there were then several steps in the analysis. Beginning to analyse 'at the beginning' was recommended by several writers on qualitative research, so I set out to reflect on each interview in the few days afterwards and make field notes to supplement the conversations. Listening to the audio recordings, keeping a diary, the field notes and editing of transcripts after using some voice recognition software (Gibbs, 2007:26-30) provided confidence that I was becoming immersed in the narratives, thus providing an advantage in the process.

This was then the beginning of a narrative analysis, regularly visiting and revisiting the texts and analysing the experience of people as told by their stories (Reissman, 1993:8). At the end of each reading and listening, adopting some reflexive approach into the understanding of these complex and profound stories and some follow up reflective focus groups added to the immersion experience.

The transcripts were then subjected to coding and thematic analysis using computer software. This gave some quantitative data that supplemented the narrative type of analysis, either supporting or not supporting these impressions. Constructing the findings was then to develop a synthesis with the secondary data of literature and documents to

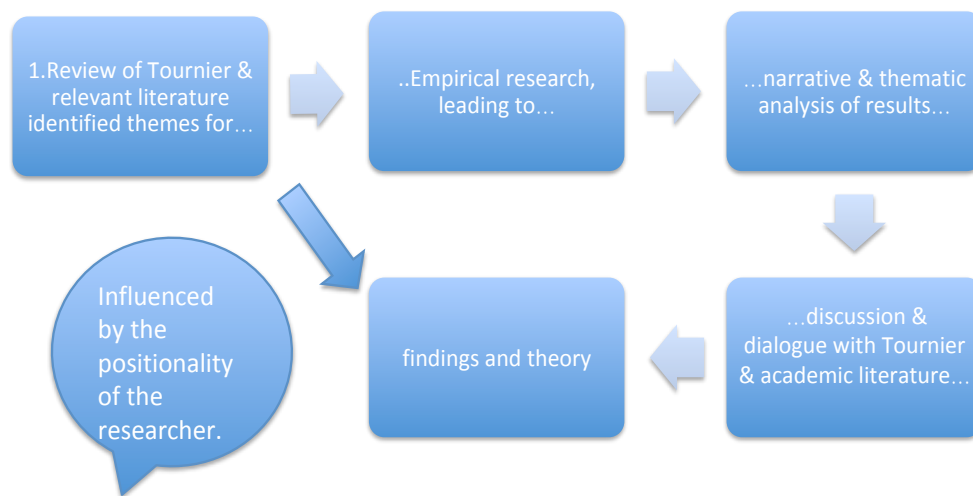
analyse whether the elements of Tournier's praxis have resonance or meaning. The results were to then be tested by two focus group discussions before drawing conclusions.

The analysis methods were then:

- Narrative analysis.
- Thematic analysis.
- Reflexive analysis.

This will be described in more detail in section 2.3. The following Figure 4 illustrates this *a priori* process and its accompanying considerations.

The *a priori* road map of the research.



**Figure 4. The *a priori* map.**

### 2.2.3 Research limitations and ethics

The research involved exploring a sensitive and comparatively unknown area of pastoral ministry and so acknowledging the research limitations from the outset was clearly

important. Providing the results and conclusions with authority was a factor in the preparatory work. This section will describe those considerations of limitations, risks and ethics.

*a) Limitations and risks.*

The first limitation was that the agreed ethics of the research determined that its participants were practitioners in the CHM, and explicitly did not involve interviewing current clients. However, many practitioners are 'wounded healers' themselves, meaning they may have been drawn into the ministry because they have experienced healing in the past and so can speak from both perspectives.

The second consideration involved the developing of authoritative theory from empirical data on a subject that required faith and belief. However, before embarking on the interviews, a weekend encounter with the UK group of Tournier's 'Medicine of the Persons' comprising mainly clinicians, was encouraging. They were in accord with Tournier's foundational beliefs of Medicine of the Person, which they incorporated into their clinical practice as a matter of course. 'Being completely available' even for a ten-minute consultation was a memorable discussion at this conference, as those practitioners struggled with the pressure of modern-day health care whilst trying to apply Tournier's approach. Their beliefs and values of adopting Tournier's attention to the 'whole person' in practice provided some encouragement that professionals who were required to be strictly evidence based.

The third consideration was that of my positionality as the researcher, bringing pre-existing assumptions and experience into the study. An awareness of this and the testing of those theories through the process were foremost in my thinking throughout. Additionally, I was aware of a risk of the potential to over-summarise and so the planned coding, cross-referencing and focus groups were built in to ameliorate that possibility.

*b) Ethics.*

The ethics of the project have been mentioned in this section. However, to recapitulate, as the subject area was sensitive and could potentially cause distress, it was decided to engage with only those who were practitioners in the CHM. As this may still have trodden on sensitive ground, the recruitment process was planned as follows.

- A letter of invitation was designed and agreed and sent to those known to be in the CHM as practitioners. This explained the research and invited participation. (Appendix 2)
- The interviews were to be held in a neutral space, mutually chosen and undisturbed. Sometimes this was to be in the interviewee's home, but we also used independent premises.
- The participants had access to the purpose and aims of the research at the time of interview or focus group and understood that they could terminate the meeting at any time without any questions (Appendix 2).
- The limits of confidentiality were to be explained. If an issue that involved harm to others was disclosed, it would have to be reported appropriately.
- The data/transcript generated to be sent to participants for verification and further consent.
- If anyone at Acorn CHF involved in the research felt that they had been intimidated by my role, their invitation made it clear they could refer to the Director of Acorn or a named member of the Trustees body.
- Anyone who had concerns about the process could refer to my Director of Studies at the University of Winchester.
- Those asked to engage in a reflective focus group also received the relevant invitation and information (Appendix 2).
- Individuals could ask for their data to be destroyed at any time. Otherwise it was to be used in the study.

These steps were taken to ensure the best possible ethical framework for a study that involved human activity and potential vulnerability in the next stage, the empirical research.



## **2.3 The empirical stage**

### **2.3.1 Introduction**

Following the library research phase and the identification of themes, the subsequent empirical stage involved five months of interviews across the South of England and some four months of transcription and analysis. As described below and in detail at Appendix 3, this involved presenting the participants with quotes from Tournier and inviting a response. From the first interview, which was a pilot, it became clear that this process was going to be ‘walking on holy ground’, to quote one observer. The interviewees would be digging into their experience and beliefs. It is hoped that this richness and the deep convictions of those who participated are reflected in the findings. The interview journey inevitably threw up many questions, recommendations for further reading and further contacts of people in this ministry network. Thus, the interview stage was accompanied by conversations with others who explained their particular Church position, discussed their own beliefs and provided articles and books on Tournier and healing. All of this has been subsumed into my developing knowledge and understanding of this ancient and transformational ministry.

### **2.3.2 Recruitment and testing: interviewing and adapting**

Setting out with a few names and contacts, it became apparent that many people in the CHM work in pairs and so some of these couples were recruited to give a joint interview. This proved to be fruitful by their discussing with one another how they worked together with their different and complementary gifts. For example, one might have a ‘word of knowledge’ while the other was praying with the person.

Each contact led to another and eventually a reasonable cohort had emerged representing church traditions and the role of practitioners (see Table 1 p64). These roles could broadly be divided into three main categories, although there is considerable blurring at the boundaries of these manifestations of the gifts of healing. This will be described further in the next chapter, but for the purposes of explaining the approach of this phase the following is a brief description of the categories.

- Listeners –those whose healing role is primarily through listening.
- Prayer ministers –who exercise the ministry of prayer with an individual, usually after some time of listening.

- People with a gift or charism of healing who are moved irresistibly to lay on hands and channel the healing power of Christ.

The table below lays out some of the characteristics of the interviewees. These differences enabled the conversations to vary in emphasis thus eliciting the rich narrative each gave by following the threads of their passion and interest. The questions remained the same and the themes were generally covered on each occasion.

Initial	Clergy/Pastor	Clinical	Listener	Prayer Min	Healing/prophetic gifts	Works from a centre
AB +				**	****	Network
BB +			**	***		Network
CG		Doctor (ret)	***	***		Yes
JN		Doctor		****	*	Church
HC	Anglican		**	****	*	Yes
AW	Anglican		*	***	****	Yes
AK	Anglican	Nurse and Counsellor	***	***	**	Yes
LA +			***	***		Yes
JA +			*	***	**	Yes
PM			****			Yes
AS	Anglican		**	**		Church
FR	Anglican		**	***	****	Network
PG	RC	Clinical Psychologist	**	*		Network
NB	RC		**	**		Church
JW		Counsellor	***	***	*	Network
AS	Anglican		****	**		Yes
MM		Doctor (ret)	****	**		Yes
GE +		Counsellor	***	**		Yes
DE +	Free Church			***	*	Yes

**Table 1. Roles and traditions of participants**

The number of asterisks indicates the emphasis on aspects of the healing ministry by each individual.

+ Are couples in joint ministry.

The geographical spread of interviewees was across the South and South East of England, plus one visiting member of clergy from Northern Ireland. Interview times ranged from 50 to 70 minutes and informed consent was obtained from each participant at the beginning of the session. The feedback at the end of the hour or so was very positive, with participants saying that they had found the experience helpful and enlightening. Many were surprised to realise at the conclusion of the session that this was the first opportunity they had to reflect on their practice. The depth of participation by everyone was most generous.

Additionally, the pre-interview phase weekend spent with the UK group of Medicine of the Person had provided some interesting perspectives on the literature findings. With agreement from the participants (via the Chair) some useful notes were taken on some of the discussion, which were circulated for agreement on their accuracy and appropriateness.

The initial interview schedule was tested on the friend in the CHM who had been extensively trained and had years of experience. The results from this interview (recorded and used with permission) were rich and encouraging. Listening to the recording gave me some insights on the process and so began the development of my technique over the following few months. The first experience also meant some slight amending of the questions and the prompt cards, to make both more succinct. It also became apparent early on that after asking and receiving the answer to the first question on the role of the interviewee in the CHM, the next question was going to vary person by person. This depended on where their focus lay and consequently the questioning was flexible, to start people talking in their 'comfort zone'. Over the hour or so of each interview, the totality of questions was asked with varying degrees of focus and interest from the interviewee.

Being mindful of consistent advice from literature on qualitative research (Ezzy, 2002:60; Gibbs, 2007:15) that initial careful collection of data is the first and crucial step in the process of data analysis, a few appropriate techniques were adopted from the outset to assure this. After careful recording (using two devices with permission) there followed a

record, on the same day in my field notes (using Evernote™) noting anything that seemed significant or striking. These proved useful later when beginning more extensive analysis.

In particular, recording any deviations from some of the norms previously heard were specifically noted to avoid any possible complacency. So, for example, after many 'Yes, I do...' responses to the question of personal prayer and contemplation an unexpected 'No, I don't pray every day, I take my faith in the room with me' (PM) was startlingly at odds with other responses. Or 'I know I have a fault of arrogance, but this is not *me* healing, it is Jesus Christ and I just help the person encounter him' (AB) were significant statements that showed that interviewees were prepared to be honest and open.

It also became apparent that participants had some experience of bad practice in the CHM, either in observing practical safeguarding policies or working with people who had been damaged by previous 'healing' experiences. This subject then became an additional area of questioning which was added to the interview schedule.

The cohort then was a good representation of Church and practice and the extent to which interviewees related to each theme depended on their role, gifts, profession and tradition. Each was sent the transcript of their interview and the text was not used until they had agreed or perhaps redacted anything they felt was too personal and not necessarily relevant.

It then became clear that the next stage was to decide on and implement a careful process for the analysis.

### **2.3.3 Analysis: protocol, themes and coding**

#### *a) Developing a protocol for analysis.*

The potential content and value of the narrative data had not been fully appreciated prior to its gathering. This realisation that participants were to give so deeply of their experiences was going to produce such rich data, prompted some further reading and planning for the discussion between theory and data. Whilst the 'road map' at Figure 4 provided a logical process for the whole project, it was also apparent that this research needed to have a robust theological framework and therefore ensure that the theory would be from recognised academic sources.

The development of this protocol for the analysis of the data began early in the interview process and underwent continued development, although the basic framework remained the same. Having read several books and articles on qualitative data analysis, the protocol was developed being mindful that it should be carefully applied, open to examination and provide a reference point to return to whenever there was a tendency to divert and lose track.

Looney (2018), in his data analysis outline protocol, frequently reminds the reader that this protocol should include regular reference back to the primary research question. In this case the question was about whether Tournier's work could further develop the lay CHM. This simple habit has proved very useful to avoid following other paths of analysis and possibly answering a different question. Providing a sample, Looney suggests that the development of a framework unique to the research and researcher is then specifically designed to aid analysis of the new and emerging knowledge (Looney, 2018:33-35).

In addition to this advice of Looney and other writers on general qualitative data analysis (Ezzy, 2002; Gibbs, 2007) the application of theological methods of analysis was obviously appropriate.

Bennett et al (2018) suggest that practical theology research is complex, with layers of data and meaning and a variety of ways of interpreting the data. Before setting out on research they suggest several questions are asked. Most pertinent to this study were: does the research contribute to human flourishing and who are the stakeholders? Further, as well as deciding on generic qualitative methods, researchers in practical theology must be mindful of the authority of the results after their application. Additionally, do the outcomes, or even the process, challenge a *status quo* that is perfectly acceptable? Further questions include what is to be valued as evidence, who should interpret it and how. For example, what are the ethics of sharing the data, what is the presumed fundamental nature of reality in the chosen subject and should participants have a part in commenting on the data and how they are represented? (Bennett et al, 2018:165-176).

Further, Sexton's approach to 'Holy Listening' based on the four stage *Lectio Divina* (Sexton, 2019) was useful. Sexton suggests that the required rigour of academic analysis in social research requires a complementary, theological approach allowing the thesis to *be* theological. This means reflecting the theological depth of the interview encounters in the analysis and discussion of results. Sexton's methodology of using *Lectio Divina* in her readings and listenings were specific to her research and was not necessarily transferrable

to this project, but it did provide inspiration for developing an approach relevant to this study. I thus read the data listening for responses to Tournier's themes and then into a dialogue with theology, in the context of the 'walking on holy ground' that had been suggested when the interviews began.

By incorporating these thoughts of Bennett and Sexton, my protocol then became a recognised, generic approach to qualitative data analysis that was then set within a theological environment. This involved conversations in a shared relationship of belief and understanding with the participants, followed by analysis of their narratives in that same environment and with theological reflection and understanding. My understanding of their language and framework of understanding was similar. However, my shared faith might also have created a lack of critical distance and perhaps some erroneous assumptions on their responses. Therefore, I not only needed to engage in theological reflection to provide authority to my conclusions, but also to listen to the narratives in a theological context.

This combined approach maintained the focus of the research question and used both universal and theological methods. These sources then contributed to my framework or protocol for analysis (Figure 4 and Table 2). The steps are expanded below and the protocol kept close by and recorded as I went along. (This was included in the audit trail that was carefully documented and included the ethical steps of obtaining consent at each stage – Appendix 4).

The stages in the protocol for analysis within that theological environment then became:

**Stage 1 (or preparatory stage).** Firstly, the primary research aim 'Developing a practical theology of the Christian ministry of healing, in dialogue with the work of Tournier' was established at the forefront of the protocol as a reminder. This was accompanied by the identified *a priori* themes as reflected in the interview questions. These were further developed as other important themes (such as safeguarding) emerged.

**Stage 2. Listening: Interviews and transcribing of data/narrative analysis.** After being a partner in the initial interview conversation where listening began, there had then followed the editing of transcripts. This took many hours even using voice recognition software. This resulting extensive listening, although time consuming and encouraged by writers on qualitative analysis, was taken as an opportunity to engage deeply with the data (Gibbs, 2007:15). It then became a fulfilling and informative task rather than a burden. It was at this stage of developing this protocol that I recognised the need to re-read and re-

listen to some of the data in that 'holy listening' mode. I was now becoming immersed in the texts and was reflecting on them in the context of the beliefs and theology of the participants, whilst also listening for resonance with Tournier. In this stage I was also undertaking narrative analysis, by listening but considering context and the position of the interviewee and my own position. Narrative analysis has some limitations, for example, the researcher is relying on their own interpretation of texts (Reissman, 1993:64-69). The narrative analysis was then supplemented by a comprehensive thematic analysis.

**Stage 3. Finding themes and words through coding/thematic analysis.** Coding onto the chosen computer analysis tool was another lengthy but informative task. The themes became the basis on the 'nodes' or codes which NVivo™ uses thus providing a straightforward framework on which to build and analyse. At this stage further codes or nodes began to emerge, so the process developed by adding these empirical nodes to the *a priori* ones. (Williams & Gibson, 2009:130).

Every phrase had to be revisited, considered, coded and often revisited again. Some were straightforward to code whilst others required reflection or relistening to the recording to rehear the emphasis. Each listening or coding exercise brought more phrases and quotes into focus and the nuances, such as the use in the telling of experiences of the names of God, Jesus and the Holy Spirit, were important in beginning to understand 'what is going on here?' This was helpful in terms of the quantitative data that NVivo™ provides as it produced another strand of analysis giving the number of references over the number of sources. This often added some significant subtlety to the analysis.

**Stage 4. Thematic analysis continued.** Reflecting on and processing the content of the information in the form of text within each theme was the next step, which involved listening for expressions of resonance. Returning to each transcript and looking at coding patterns alongside the role and narrative focus of each individual was also informative and interesting, as there were some clear correlations. This theme analysis was aided by using the extended ability of the computer software NVivo™, which provided further sophistication to the results. At this stage the dialogue between the participants and Tournier began to emerge.

**Stage 5. Conversation/reflexive analysis.** The next stage was to articulate a dialogue between Tournier and the totality of the data from the narratives. Whilst the questions, which drew on the themes, were straightforward for a one-to-one with the participants, a wider 'conversation' between Tournier's work and the results was to be more stretching.



To help with the narrative analysis, I deployed the NVivo™ ability to make those connections and relationships. This involved using some of its tools to view word clouds, tables, word trees and other ways of comparing and checking (see Appendix 6). For example, looking at the frequency of themes, such as listening and prayer, against people's roles was informative.

Examining the results of each theme against Tournier's work was the starting point for this. Drawing on Reissman, this phase was aided by post-interview focus groups or, as she describes it, validation (Reissman, 1993:66). These proved invaluable in adding to, questioning and triangulating the findings in a way that had not been expected. Contributors received an ethics-agreed invitation letter and then a briefing before the meeting (Appendix 2). The members explicitly consented and the meetings were recorded and transcribed and coded.

**Stage 6. Theological reflection and dialogue** This phase involved taking the results and the subsequent conversation with Tournier into a theological reflection and a dialogue between the results and theory. This is covered in Chapter 4. The following table is a summary of that described above.

Stage	Task	Focus
1.Preparation (Chapter 2)	Research question and <i>a priori</i> themes.	Providing the foundation.
2. Listening/narrative analysis. (Chapter 2)	Interview and transcribing	Becoming immersed in the gathered data. First impressions.
3. Finding themes/thematic analysis. (Chapter 2)	Coding, developing the <i>a priori</i> codes.	Sorting the data and beginning to see patterns and correlations. Producing a theme structure.
4. Theme analysis continued. (Chapter 3)	Looking deeper into and developing themes. Looking for further correlations.	Resonance with Tournier, key themes, building a picture.
5. Conversation/reflexive analysis. (Chapter 3)	Creating a dialogue with Tournier, both individual and collective Reflection group stage.	What is the response of the participants to Tournier or the groups to the results?
6. Theological reflection and dialogue (Chapter 4)	Creating a dialogue between data and theory.	Viewing results through a theological lens and answering the research question.

**Table 2. Summary of the protocol for analysis**

These stages flowed into one another in the analysis, but having a framework was helpful for discipline. Having paused to establish this analytical framework, the next stage was to begin coding and looking for developing themes. Stages 1 and 2 having been undertaken, I resumed at Stage 3.

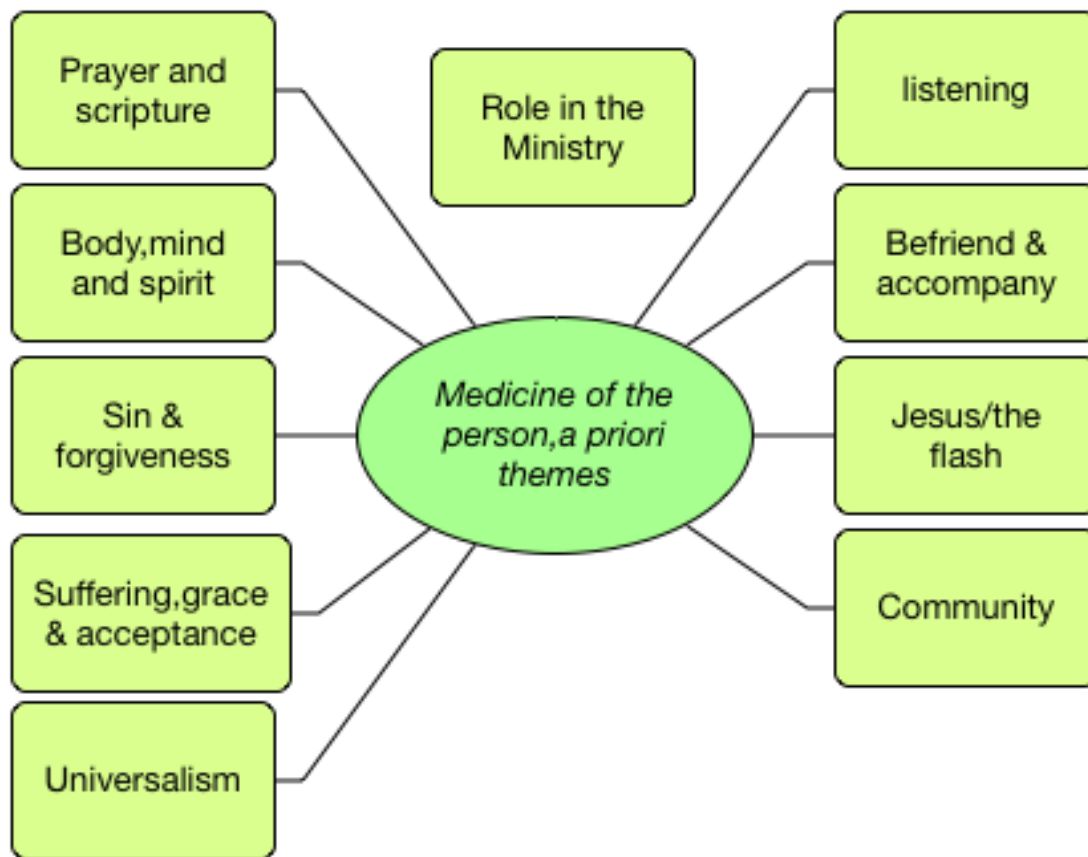
*a) Coding and themes.*

In this thematic analysis, deciding on the themes against which to code was straightforward, as these had already been identified by the examination of Tournier's writings. This made the task more straightforward than looking at the texts and coding upwards from a blank canvas. NVivo™ was the chosen tool for the basis of this work. Whilst the 'expert' is the researcher when it comes to the analysis, a computer software package aggregates and displays the data at a faster and more accurate rate. It can then provide various illustrations of words and graphs to give the researcher some additional and often surprising information. (Examples of these are in Appendix 6). Using coding and analysis software is helpful for creating the initial categories and themes and then for further comparison, correlation and visualisation. It supplemented the narrative analysis and provided material for later stages.

In this stage 3 the first task was to establish the *a priori* codes. In this case Tournier's themes were the clear choice, before combing through the transcripts and developing any new codes. Gibson and Brown define a code as a category that is used to describe a general feature of data, and which also relates to the range of data examples. It is they who defined *a priori* codes as those decided before examination of data and empirical as codes further developed during the examination (Williams & Gibson. 2009:130).

Codes are developed into 'trees' in NVivo™ to show their connections and to help with organisation of the data. This also helps during analysis, to identify patterns in people's responses. For example, some who worked in a centre or from a Church may place more emphasis on training than those who are in a loose network (Bazeley & Jackson. 2013:97).

The themes from Tournier's work then became the *a priori* codes. NVivo refers to codes as nodes that can be grouped in families, have child nodes and sibling nodes. These nodes are described as 'buckets' in which to deposit text. This imagery proved helpful when I was not sure where to code significant text that was not falling into an obvious theme. They are illustrated at Figure 5 and were initially established with the intent of any further nodes being branches of these. However, some new and empirical nodes emerged which did not fit the *a priori* set and so became 'floating' nodes.



**Figure 5: *A priori* nodes.**

The coding of the first three transcripts generated a greater number of child or sibling nodes than the expected three or four per node. It was necessary to contain this to a manageable number so some adaptation occurred along the way by a repeated process of recoding and rationalising.

The final list of nodes continued to develop even with regular editing and to sort the rich data there were several child nodes and several additional main nodes including safeguarding, the kingdom of heaven and corporate healing (of churches). The final list is below. They stood apart as new concepts, such as safeguarding which has a contemporary context as compared to the Tournier's practice. The development of child or sub nodes came about because of the variety of ways that people expressed themselves, their approach or their experience in each one. Some might be a contradiction, such as on prayer or listening. As I became familiar with each person's narrative this large number of nodes became easier to refer to and helped in understanding the emerging complexity of the data.

The final list of empirical nodes and sub-nodes is at Appendix 5. Several, such as 'heaven' were low in their frequency but significant issues for those who raised them. The most significant sub-nodes were listening to the person, listening to God and additionally prayer in the encounter and personal prayer.

## **2.4 Summary**

This chapter has described the carefully planned methodology, from inception to execution. It provided explanations of where there were deviations from and amendments to the plan as the reality of being in the field of the research developed. The chapter also described the way in which the rich data from that exercise was managed and analysed. It is hoped that it also gave credit to the people who were involved in the project, both for their generous contributions and their interest.

Having been through the first three stages of the analysis framework (Figure 4), the next stage was to take this coding and the emergent themes and begin to analyse them in reflection, conversation and dialogue.

## **Chapter 3. Results and Initial Discussion**

### **3.1 Introduction**

The previous chapter has described the journey of the empirical research phase from ontological assumptions through the interviews, capture of data and the approach to and the process of coding. This chapter will continue to follow the analysis protocol by firstly examining the results in detail by each theme (Stage 4) followed by some initial discussion relating to Tournier's work (Stage 5). The theological reflection stage (Stage 6) takes place in Chapter 4. As each interviewee provided a great deal to the resulting data, their voices will be heard throughout.

### **3.2 Results**

Remembering that the researcher is considered to be the expert in analysing and making sense of the data, the first impressions were an important reference point and noted down for future comparison and checking against the results emerging from NVivo™. Utilising field notes at the time, the impressions from an initial narrative analysis were as follows.

- The roles and gifts of participants fell into the spectrum described above at Table 1(p64). There was an immediate correlation noticed between those who expressed a healing charism of the laying on of hands and their impatience to move from listening to healing, compared with those who were trained in listening and prayer ministry and would listen for a long time.
- Participants frequently demonstrated the conviction that they were channels for God and that it was He and not themselves who healed. There was widespread humility and a desire to serve in the ministry in whichever way they were called.
- Personal prayer and contemplation led to a natural ability to bring prayer into the healing encounter. This gave confidence to the minister to hear God's word and ask for His healing grace.
- 'Jesus wants us to be whole' was an underlying conviction giving confidence to the ministries of many participants. This was related to Tournier's Medicine of the Person, the search for and focus on the person within.

- Community was considered to be a vital factor in peoples' healing and when absent was a difficulty, especially for those working in or out of centres on which people became inappropriately dependent.
- In terms of validation and the trustworthiness of the participants' perspective, two of Reissman's approaches were applied, that of persuasiveness and coherence. The interviewees demonstrated characteristics of both during the interviews (Reissman, 1993:65-70). Their narratives were therefore considered valid for the research.

The results are largely organised by Tournier's themes. The structure adopted is an initial review of the evidence followed by a 'dialogue' with Tournier and his work.

### **3.2.1 Role in the ministry**

This question was found to be the best opening to generate discussion. Using this exploration as an introduction, it soon provided a sense of where to begin with the subsequent questions and trying to find people's area of familiarity and comfort. I then 'felt' my way into the interviews and questions until people were able to talk easily with their own expertise and passion. Some reached it sooner than others, but there was inevitable flow at some point or points in the conversation. All nineteen people explained their ministry in various ways (illustrated at Table 1,p73) describing themselves in response to this first question.

Some focussed on listening and counselling skills in the ministry. One was a listener in a Christian listening and counselling centre, others combined listening and prayer in churches and centres. Some used recognised and accredited counselling and psychological skills in their practice. The following are a few of the responses:

Well basically, my work over a period of, well a good number of years really, has been to look at the interplay of spirituality and psychology (PL).

So, in working with people with the substance misuse issue, you recognise that there's all sorts of psychological issues. ... I studied for a diploma, a substance misuse counselling diploma...I was being taught counselling principles, counselling theory but without God. So, though I understood it and I could relate it to where I was a Christian, the two sat quite separate... (GE).

... there were a lot of years doing that, learning with \*\*\* how to best teach listening and assess listening, and I suppose hopefully it got under my skin as well. ... my current involvement is as part of the prayer ministry team at the cathedral here in \*\*\* (MM).

All engaged in prayer of one kind or another during the encounter, and the majority had a combined role of listening and prayer. A few felt compelled to lay on hands and pray for healing in the belief that miracles, slow or sudden, would happen.

When we pray, it changes things, God wants us to be healed...I would just pray and go into people's homes and pray with them. It was silly really but I just had this enormous excitement at what God could do and wanted to do (BB).

...What they would say, to Him, and can they tune into His voice listening to Him (Jesus Christ)? And then we'll pray that the power of His Spirit will come and bring their transformation (HC)

The overriding commonality was that nothing of what they did was in their own strength. Not one interviewee described themselves as a healer, even those well known for their healing charism. All emphasised that their role was to help people come to God and be healed in His power, not their own.

I see myself as a postman. I simply deliver to others God's gifts. So, I know some people have a much more gift definition type of approach, in terms of 'do you have the gift of healing', and I say that's a bit like asking your postman did he write the letter that he's delivering to you. And so, my role is as a messenger of Christ and I bring either in word or in deed or in sign or in prayer; what it is that God wants people to receive? (WA).

I help people meet Jesus (HC).

Alternatively, put another way by a very experienced person in the ministry:

And there are moments when we see a sovereign act of the Holy Spirit that takes a person a thousand miles in a second, and the temptation is to dump all of my years of training and just say, come Holy Spirit. I think that's the opposite of saying, you know, who needs God when we've got skill? (FR).



Some worked from a centre or Church, some had previously done so but had changed to working in a network of one kind or another. Several ministered from Christian healing centres aligned to mainstream denominations. All of those interviewed could be described as mainstream or independent church, but at the same time, young and quite old had a love of the charismatic as their ministry had made them experienced in the ways of the Spirit. Two people were licensed as exorcists but only referred to it briefly. The different question of deliverance is dealt with later.

The training that participants had undertaken varied from the organised and structured to being self-taught, demonstrating the largely self-regulating nature of the CHM. Some had had formal and extensive training from a reputable origin; others were self-taught like Tournier, or had learnt from colleagues in the ministry.

I joined a community which had a healing ministry so received a lot of training (JW).

I trained and did spiritual direction, which, again, is another form of healing, and as counsellor, a lay counsellor, which came into it as well. I went into prayer ministry which will be counselling and listening...(JW).

A few were trainers themselves. Training was a means to good and safe practice and an assured continuation of an acceptable approach in this essential and developing work of the Church.

Those with clinical experience described their ministry either in harmony or in the difficulty they found in partnership between the CHM and their clinical practice. Two practicing clinicians felt it necessary to maintain a distance between their clinical practice and their CHM, one because of regulations and the other because their clinical practice had to be objective:

...a lot of counselling models will be used that's based on Eastern mysticism but I couldn't specifically refer someone to Christian counselling. ... I suppose the secular medical world just thinks it's nonsense. So, the tension and I think the people who have tried to pray with people have been hauled before the c...(JN).

Each person added a new and unique perspective on their role and where they felt most effective and at one with God. The variety of roles then ranged across those interviewed giving the overall picture that the CHM is widespread and dependent on

self/church or specific centre regulations and supervision. The role manifests differently and individually in practitioners according to their calling and their gifts.

That thing of trying to be a channel of some sort and trying to connect people with God and be a channel that God can flow through and sometimes that seems to happen, other times it doesn't, and I have no idea why or what the formula is or what the right way of doing it is at all, really, other than trying... (AW).

### **3.2.2 Prayer and Scripture**

The importance of prayer emerged as being at the heart of people's ministry. There were a total of one hundred and sixteen references to prayer in the fifteen transcripts. Some used Scripture with prayer; others before or after their prayer time and ten of the nineteen, like Tournier, used a notebook to record their revelations after their meditation (Tournier, 1986:17). Prayer can probably be put into two categories, personal prayer and contemplation and prayer in the healing encounter. It became apparent that the use of Scripture was often a separate issue, and one participant reminded me that Tournier's use of Scripture was different from his prayer time and that I should not conflate the two.

#### *a) Personal prayer.*

Firstly, the importance of personal prayer was significant for all but one person. Most spent anything from half an hour to three hours a day in prayer and contemplation, and a few accompanied prayer with Scripture or referred back to Scripture afterwards. There were forty references to prayer over fourteen sources.

... prayer is just a relationship- talking to the Father and receiving from Him. If I'm not in that relationship then I can't do his will, as he would want me to do. And sometimes by his mercy and grace he will work through me. But it's so much more effective if I'm close to him and I feel his presence and I'm listening to him like I receive what he wants to say to me (LA).

If I don't know the voice of God, how can I help others who are vulnerable and hear what He might be saying to them? (BB).

These sentiments were common with the exception of one person who said they did not pray on a daily basis but nevertheless had a guiding faith taken into the room on each encounter. All others had a daily habit, whether it was walking and praying, sitting or even doing the ironing and listening to Christian music (JN). For the one who contemplates for three hours a day, sometimes alone but also in the virtual tertiary community to which she belongs, she simply said 'I find God in the silence' (JW).

Another, after describing sixty years as a monk with a daily routine of prayer and Scripture six times a day, he found my question amusing:

Morning before mass, I've got half an hour [prayer]. Evening before Vespers half an hour [prayer]. During the day, it's a little bit. And what people don't realise, with monks, we live bombarded by scripture. The whole of the office is scripture. Before lunch, there's a scripture reading. Before supper, scripture reading. ... so we've got morning prayer, lunch or mid-day prayer and then lunch scripture, and then repast, evening prayers or scripture, then supper scripture and then Compline scripture. So, we have five times a day, we are bombarded with little bits of scripture. And that we live for...I've been here 60 years. It's, you know, it adds all the time, it compounds (NB).

One who has a preaching/healing/public ministry through music in the public square and with cancer patients said:

I think it really is communication with the Divine and really being open to hear both, through Scripture and I'll just take the Scripture and I'll have the Lord too, just say, "Lord, you just speak to me through it and then I'll write a sermon with the inspiration that's come."... When it's in stereo or quadrophonic stereo, I put an asterisk (CG).

For another who has charisms of prophecy and healing, but understands himself as merely a channel for God:

It's foundational, isn't it, to have a relationship with God, so if I'm not listening to God on a regular basis in my personal prayer life then I won't recognise his voice in a ministry situation (AB).

Another, a respected practitioner in the CHM said:

You know, we can be the best surgeon in the world and have lousy relationship skills with patients...who are actually feeling cut off from the process...and more alarmed than they necessarily need to be...So for me prayer is that resourcing of myself... it's such a powerful simple statement, and I think that it's... God I need you to grace me to be fully present...That's another aspect of prayer (FR).

Interviewees then, expressed their need for personal prayer to give them strength and energy, and like Tournier to develop their relationship with God so that they could then minister to others in His name. The overall impression, even from the one person who did not engage in daily prayer, was that the healing ministry without their personal prayer would be futile:

It's not fair, it's not fair, to be involved in the healing ministry if you are not praying and you don't have a relationship with God (BB).

Some needed retreat time to be very close to God in days of sustained prayer.

I used to take a day a week, every Friday I would take myself off to a convent. And with just getting out of the college was important because it's a residential college, but to find space and just to be in the chapel before God; that for me was so important (AS).

Like Tournier, the time in personal prayer and contemplation was critical and the participants found resonance with his experience of silent prayer and meditation. Practices varied by individual. Prayer might be sitting, walking or retreats, but without the prayer that gave them spiritual energy, their healing ministry would have been a dry thing.

Prayer described as a way of developing the field of consciousness (Fulford et al, 2007:22) resonated in one way or another with the participants. Those involved in the focus groups who had not been part of the interviews felt that self-examination, privately and yet through the Church as the Body of Christ, was therefore also a community activity.

On how to pray and meditate, Tournier said he did not direct his thoughts. 'God's way of thinking is different from ours...we should take a great leap from our own thoughts to those of God' (Tournier, 1986:17). The interviewees all found their own way of listening to God. Some were very comfortable with silence: others would move in and out of silence, listening to God, practising intercessory prayer or prophesy. Some were confident that they 'heard' His voice as a matter of course and regularly. For others, in a similar way to

Tournier, they might have sudden clarity or a piece of Scripture that they felt was from God.

Praying can be just sitting there... And it doesn't mean I'm sitting there praying all the time. We might just sit and look at the sea together and it's just that comfort. He loves me and he loves me and we just don't say anything to each other (LA).

It was clear from the research that personal prayer, however it was approached, was an activity of common practice. Agreeing with Tournier, the interviewees expressed a richness of experience that was wide but significantly deep, leading to a relationship with the God who energised and directed them in their ministry:

He's as close as our breathing. And sometimes we hear him in a whisper, sometimes we hear him quite loud, sometimes we just have that inner knowing. He's just there and all will be well (AK).

A question which remains after reading and hearing the great similarity of experience and thinking was whether this strong theme of personal prayer was common because the people were so deeply involved in a ministry of care of people, thus compelling that depth of relationship with God to resource them for this ministry.

#### *b) Prayer during the encounter*

This proved entirely necessary; indeed, it became clear that it is central to those who minister in the CHM. Even the person who did not engage in daily reflection did say she prayed silently during her listening sessions and sometimes offered to pray with people. There were fifty-one references to prayer in the encounter in the transcripts. Explicitly mentioned and a common theme was the importance of listening to God in the one-to-one encounter prayer. There were sixty-four references across fourteen sources.

What am I missing here? I'm missing something. And it was as though God said, "don't forget about my presence." And that really has become quite a defining thing for us as a church ... Because it's bringing the presence of God, bringing into a place of encounter which we talked about already so this makes it a bit really, really important (DE).

One interviewee worked in a centre that was entirely based on encounter prayer. An encounter with Jesus was the aim of the centre's work.

And that's the bit that fascinates me -because our entire approach to ministry is based on what we call encounter prayer... It's very tempting for Christians to simply pray for people, to pray for...- for the issue. Our approach is to seek to bring people into that face-to-face encounter with God...(HC).

From the Religious who had spent his life in prayer:

Oh yes...it's prayer. The whole thing is prayer... the whole thing is spiritual. Not religious, the inner spiritual, like of love (NB).

From a very experienced prayer and listening partnership:

... and obviously I would be praying at the same times I'm listening at least I hope I would.... (AS).

From their prayer partner:

So, we really try to pray using the names or the conditions or the feeling words that they use in telling us what they've come for there for. Now they might tell us nothing, we might just ask their name in which case we would simply pray, you know, the best we can (MM).

Another, a member of the clergy who is part of a prayer ministry team and a very experienced listener, said:

I might say 'is there anything you want to say to God or is there anything you might want to say to Jesus?'. That sometimes softens the image of God and brings in more of the humanity of Jesus. And I can think of occasions when a person has done that and then possibly burst into tears. Because I would occasionally say, 'I wonder if Jesus says anything to you back,' and sometimes people have been amazed what's come out of their own mouth, a new aspect of God or Jesus which hopefully will feed into their ongoing understanding of who God is or who Jesus is, which is usually more to do with the compassionate loving healing presence of God than they have understood previously (AS).

There were twenty-three references to 'prayer ministry' across eleven participants who referred specifically to this ministry, often in the context of teams that they were part of or had established in their churches.

... I think we would have a healing ministry team which would be probably 14 or so people from three churches, and we would have healing services.' (NB).

...as part of the prayer ministry team ...here in \*\*\*, so that's like moderately regular and probably about once a month thing that we do... (AS).

Interviewees were convinced that their prayers were heard, even if in ways not understood at the time:

I'm absolutely convinced that Jesus hears every prayer; he listens to every prayer.... but I believe that he listens to every prayer and works in every prayer, sometimes not in our timing and not as we want but as we need. I think God has given me that conviction (BB).

Tournier's writing on prayer focussed on meditation but his practice of praying as he met with people is scattered through his work. He would stop and ask people if they would pray or be silent so he could discern or just have some space to hear God's voice. 'Talk to God as you are talking to me, even more simply in fact' (Tournier, 1957:165).

Tournier spoke at length about encounter in a recorded conversation with young people in 1982. He said that what matters most is encounter '... whether it be with other people or an idea...or with God. The God who is hidden behind all these other encounters' (1986:19ff). Tournier's theories on encounter were effectively being practised and developing at the healing centre of encounter prayer. It linked with the 'flash', the encounter with God through the presence of Jesus or the Holy Spirit.

The richness of experience from the cohort and variations within each narrative themselves demonstrate the extent to which so many experienced God's presence. This was common ground between Tournier and the interviewees. The matter of prayer in this context of the 'what is going on here' question will be addressed in Chapter 4.

### *c) Scripture*

This was an important resource for many of the interviewees. In the same way that Tournier turned to the Bible for answers, many practitioners relied on the revelation of Scripture references to help people when they were praying with them.

Sometimes I leave the room whilst my prayer partner is praying. I will pray and receive a Scripture. Often this helps the person, they recognise it is for them... If I didn't know Scripture, how would I receive the word for others? (JA).

Having resonance with Tournier's description of the Bible:

I think the Bible is not just a history in literature it is...it is a book of life in that to hear it and to accept it actually changes you...(WA).

One person described using Scripture in his walking prayer time; it was his own way of hearing the voice of God and being ready for prayer ministry whilst his partner was engaged in her practice of listening prayerfully. JA was able to talk further about his use of Scripture and prayer that enabled him to hear the word of God.

Well the prayer part is absolutely vital, and the Biblical part...that's your armoury, that's your toolbox. Because the Holy Spirit sometimes, well quite often I'd say, will give me a Scripture... But I think we should also be able to be full of it because Jesus said the Holy Spirit will come and remind you, so if you have it already in your in your brain it will just come out when you need it and you have it (JA).

Another partnership studied Scripture every morning together, again as a means of familiarity with the Word (AB& BB).

Some quoted it continually as their revelation and reference point:

...I think God is saying this or I think God is saying that. I don't think he's going to say anything that will go against the Scripture. So clearly, there has to be some way of discerning whether what someone is... things people are saying they feel they're hearing. So, I think that's the first place to start. He's not going to suddenly tell you stuff that would say something completely opposite to what the Scripture says (JN).



Scripture then was a tool and guide that people used variously. Some took the Bible into their prayer time with them as their focus, whilst Tournier and others studied Scripture separately. Tournier, of course, had made a major study of the Bible relating to its message on human behaviour, weakness and disease. His study was possibly unique and gave him a detailed knowledge and particular insight into Scripture and how it could be used to explain or discern. Those who did use the Bible were looking for inspiration and help in their ministry and were very knowledgeable on its content, even if they had not studied it in the same depth as Tournier.

...One is prayer and silence and stillness before God. The second one is Bible reading because it is your food. And if you don't have food or exercise and some water in the world, it's only going to keep you going for some length of time (JA).

Interviewees agreed that Scripture was the most important and central source of knowledge. Those having a great familiarity with Scripture found it a resource close to hand when engaged in prayer ministry. For others it provided truth and knowledge. Tournier saw the Bible journey from creation to salvation with much to learn about God and humanity in between.

On the meaning of things...science tells us nothing; here it is the Bible that speaks to us. For this reason, the study of the bible is as valuable to the Doctor as the study of science (Tournier, 1954:16).

### **3.2.3 Listening**

Listening fell into two areas. One was listening to people and the other, common to many participants, was listening to God. It is probably appropriate to discuss the latter aspect first as it was this practice which often enabled the first.

#### *a) Listening to God*

Listening to God involved hearing His voice so they could help others as well as be nourished themselves. There were sixty-four references from fourteen people demonstrating the significance of this.

I think it's a journey of learning how to listen... if you have committed that time to God if you say 'God, I really want to hear from you' and maybe put on some worship music or something- anything that brings you into God's presence- it's different things to different people. Maybe it's silence, maybe worship, maybe it's a candle- whatever just brings you into his presence. (LA).

Sometimes he has to whisper, because it's a still small voice. I think only once has he interrupted me to speak (JA).

But \*\* used to teach his teams not to pray too quickly for people. Even at the end of a church service... He said wait- wait for the word the revelation the unfolding of the Spirit to tell you what's going on here as well as what the person is saying. Listen to the voice of the Holy Spirit. And as Western Christians we're not quite as good as that, because we get embarrassed by silence (WA).

And I'm a 'get- up- in- the- middle- of- the-night' person or get up in the early hours. It's not every day but it's often. And that is my food. That is my strength, my, you know... (GE).

Tournier not only spent every morning listening to God by himself but he would stop and ask his patients if they could be silent sometimes, so he could listen again and try and focus on what was needed. The few examples quoted represent many stories of listening to God's voice from interviewees who echoed Tournier's approach.

#### *b) Listening to people.*

All agreed that listening was the first task in their ministry. However, the range and extent of time spent listening here was interesting. Those with an irresistible charism of healing regarded listening as important only as far as it gave them some information, or a diagnosis, to work with. They might express feelings of impatience as they waited for people to get to a point where they could then begin to pray or lay on hands.

I don't have the patience for listening, that's my wife's ministry (AB).

He wanted to hear enough to then pray and lay on hands for the problem.

Interestingly a clinician also shared the same views:

I think it's important to hear what the issue is but I think it was more about listening further...enough until they can tell you what they're feeling... so you have an understanding of what has happened to them or what they're feeling and then actually saying that's fine, so we actually want to listen to what God is saying (JN).

He did engage with humanity when he came to a broken world. So, listening to me is something; it's a sign of our love and our respect for the person, but it's not everything. So, our approach to prayer would be a Trinitarian idea that we allow somebody first to bask in the love that Father God has for them (HC).

Others saw listening as necessary as long as people needed to express their story, for them to reach their own conclusions. This approach reflected Tournier's view. Listening was a skill, a gift and one that people had extensively invested in learning to do well. The giving of that time and attention was described by trained listeners as giving 'Sacred space' (AS) and further 'valuing people and giving them time to work out their own answers' (AK).

In the middle of this distribution of listening focus, most interviewees were engaged in a combination of listening and prayer. Possibly because recruitment to the research began with Acorn CHF and fanned out with further contacts, a number of those involved had undergone Acorn's listening training which was commissioned by its founder, Bishop Maddox. Some of the cohort had many years of experience. Christian listening was differentiated from secular listening by the simultaneous prayer and listening to God. The answers might come in the form of words, thoughts, pictures or Scriptures.

Several interviewees had extended this training to prayer ministry and so used a combination of the two. Another, who is an actively committed Christian listener, spoke of her training, the many years of experience and what this type of listening means:

I suppose you're making yourself wholly available or as far as it is possible and you have their wellbeing at the heart of what you're doing, how you're relating to them, and it's very much giving them the space that maybe they don't get in most of the rest of their lives...in that space, they feel free to feel their own feelings and think their own thoughts and thereby achieve some sense of movement (PM).

It became clear that Christian listening has become an important ministry in the last few decades and that Tournier understood many of the concepts of its therapeutic importance that listeners now also understand. Listening to the person on their journey was at the heart of Tournier's practice. Collins said that Tournier learned to listen (Collins,

1973:55) and came to understand that dialogue involving close listening is the essence of healing (1973:67). Tournier felt people went to see him because he had time and they lacked silence. Silence is waiting, waiting for God to renew us and listening to others is part of giving people that space (Tournier, 1984:13-14). Many of the interviewees would completely agree with him and Tournier might have been interested to hear how Christian listening has developed into a recognised practice with its comprehensive training and literature.

Tournier's way was to accompany people and he believed that when we walk together in true accompaniment then there can be defining moments of change. He thought that by opening ourselves to someone we trust and who is non-judgmental, will help us to live with ourselves (Tournier, 1984:10).

Listening is now common in many areas of secular life as a therapeutic practice. In the Christian context it additionally involves having a listening ear for God. Giving advice, all would agree, is not a desirable aspect of listening practice and Tournier acknowledged that too (1984:31). He and the interviewees instead would be listening to God for a revelation through thought, word, picture or Scripture.

Tournier often conflated these two aspects of listening to God and people as did many practitioners. In their prayer life they learnt to hear God's voice and then recognise it in their prayer or listening ministry. There seems to be a movement from listening to the person to listening to God, in and out during an encounter.

Those who were anxious to heal and bring the person directly into the presence of Christ by providing a word of knowledge or laying on hands often expressed an impatience with listening as a therapeutic practice. Perhaps they are given different gifts from the same source and listening to God has a different urgency for them.

### **3.2.4 Medicine of the Person: Body, mind and spirit**

A few participants were very familiar with Tournier's concept of Medicine of the Person. There was a widespread belief in the interviews that 'Jesus wants us to be whole' but it is possible that only two or three interviewees, not the clinicians but the ordained with a strong calling to healing, really understood Tournier's 'fusion'. Indeed, one further developed my own understanding at our meeting. Describing it as a fusion he said:

It's a living, flexible feature. You know, it's not solid in the sense of quick drying cement. It's a living, breathing fusion shall we say. Because you cannot say that definitely, that what happens in one part of the person will affect the others, but as a basic principle we hold true to this. And therefore, my whole attitude to things can have a positive or negative effect on my recovery rate. This is a well-established sort of fact (FR).

Others had heard of Tournier, and although not familiar with his work, had clearly understood the problems of one aspect of a person's wellbeing on another aspect of their health. There were fifty references to the idea over fourteen sources, but the context varied.

The clinicians interviewed recognised the underpinning importance of good mental and spiritual health on physical health. However, one, a psychologist and priest, was very clear that his experience had shown him that any psychological disturbances need to be addressed using conventional therapy or medicines before God's grace can flow and heal the spiritual. Some thought deeply about wholeness, concentrating on it in their ministry and encounter. Others knew or felt that there were connections but were very familiar and at ease with the knowledge of the idea of wholeness. There were fifty references across fourteen people on this theme. A lengthy quote from an experienced clinician and minister probably summarises the practicality of the concept.

I think every aspect... the mind affects the body, the body affects the mind, affects the spirit. So, if, if I'm suffering from cardiac disease the chances are- not all the time- I may be in a very high-pressured job where there's quite a bit of stress. Stress is obvious and pressure of work that will affect the blood pressure that will affect my emotional stress levels which will affect my heart. So, stress will affect the physical that will affect the emotional which will affect the spiritual. It's like a circle there. They're all working together (AK).

The spiritual aspect of people was obviously a focus for all interviewees as they were involved in the healing of the spirit. The clinical psychologist said:

I think one of the greatest gifts is being able to refer somebody to a spiritual director. So, it's a question of working to determine what it is that might be going on psychologically or in terms of human development of person and you can help

that individual to manage certain techniques such as mindfulness-based or just simply cognitive therapy or CBT (PL).

His narrative was just one of those that emphasised the great importance of a partnership with medicine. There were many anecdotes of people being told to throw away their medicines or medical notes by healing ministries in some churches. This was considered to be very poor and unwise practice by those interviewed who discussed it.

On the spiritual aspect, a contemporary problem was raised about the growing awareness of spirituality:

People are finding their spiritual side these days, but they don't know what to do with it (JL).

And on the problem of discernment of the spiritual health of a person:

And what I'm trying to work out is what is actually going on? Is there, is there a physical causality, is there a mental illness here? Is there a spiritual thing? So, I am trying to look at the whole person I guess and not just assume that what they think is wrong with them is the actual issue, what else could be going on? And sadly, there is- there, we have discovered with some that I think desperately need to go to their doctor- are really resistant to do that. I think the fear is they will be deemed as being mentally ill and therefore won't be treated in a spiritual way (HC).

The Medicine of the Person, the main area of Tournier's praxis, was combined with his other practices of listening, prayer and friendship and his ideas of community, sin and forgiveness. These were to support his main passion, to seek the person, the original creation in the quest for equilibrium and healing. After many conversations about this and a great deal of enthusiasm, understanding and belief about 'wholeness', there was still an impression that Tournier's understanding was unique. With the benefit of his medical training, his reading of anthropology, theology, psychology and philosophy, he had a deep and wide view of the person.

It has been suggested that Tournier's approach cannot be taught but must be learnt through practice (Pfeifer et al, 2007:41), as it is a complex approach that was of his own devising. However, the aim among practitioners to bring people to Jesus and healing provides a good basis for development. The experienced interviewees recognised that, within their own limitations of understanding (even those with clinical experience), the

answer lies in a partnership with modern medicine, including psychology. There were those who had been in church traditions which advocated independence from medicine, but had moved back to a more central position where dialogue between the CHM and medicine was the only responsible and effective approach.

It should be remembered that Tournier was a doctor mainly speaking to doctors, although his books are accessible to all. He may not have imagined his practices being adopted by lay people or incorporated into the CHM. The participants in the research were drawn from a spectrum and whilst the clinicians clearly had the added benefit of knowledge of physiological and mental health they also often felt hampered by guidelines that meant they had to separate their Christian healing practices from their practice of classical medicine. The legacy of the organisation *Médecine de la Personne* left by Tournier are still primarily for doctors with others being welcomed as family members but some overall context of medicine being preferred.

Cox et al (2007), writing in a later and more protocol-led medical environment stratified Tournier's approach into the multi-disciplinary team context. Cox posits that:

*Medicine of the Personne* is humanistic but on a very deep level whilst also being practical and subject to evaluation using a narrative approach. If a multi-disciplinary team can learn to relate to each other and integrate their skills and knowledge around the person this could be beneficial to all (Cox et al, 2007:12-13).

For the CHM here is an acknowledged opportunity to enter the multi-disciplinary partnership and 'treat' the spiritual.

Whilst the transferable nature of Tournier's work to the lay CHM is natural to some, there is something perhaps more complex involved for physicians who are now practising in both a contemporary and secular setting. They are often 'swimming against the tide' in their work as they endeavour to practice the principles of the Medicine of the Person in an environment that has financial and time pressures and requires evidence for what they do. The move away from continuity of care in their work is a significant problem when trying to treat the whole person.

For the retired clinicians and those involved in prayer ministry or listeners, there was more freedom to practice with the whole person in mind, even with the limitations of a lack of medical knowledge.

Those who knew and or studied Tournier's work and approach describe it as 'an illumination of the relationship between the doctor and patient by science and faith

equally' (Fulford et al, 2007:19). This is a helpful way of describing it for those trying to understand, but Tournier also wrote at length about the peeling away of layers that still do not reveal the inner person, the one created by God and only known therefore to each other.

Even if I should arrive at a knowledge of all the physical, chemical and biological phenomena of the body...the mind and all the spiritual, social, historical and philosophical factors at work in a man, could it make me into a doctor of the person...I would still be in the world of things...It will still be necessary to complete it with a personal knowledge, which is of a different order, the order of the person... (Tournier, 1957:187).

### **3.2.5 'The flash', the triologue, encounter with Jesus**

Questioning on the experience of 'the flash' revealed a striking belief among many that Jesus was in the room. There was a difference between people's expressed experiences with Jesus, or the Holy Spirit or God. Discerning this difference and what it meant was a matter of digging deeper into the transcripts as it was often nuanced. I therefore undertook a comparative analysis using NVivo™ and then searched for the meaning. It was a 'what is going on here?' question. For some they were aware of the presence of Jesus, for others there was a subtle but powerful movement of the Spirit and others described this as the presence of God. Some of this was about language but some was a clear discerning of 'who' was there.

#### *a) The moment of encounter: Jesus.*

When Jesus or the Holy Spirit was felt in the encounter there was a discernible shift or forward motion:

Usually it takes some time to walk with people, but sometimes He chooses to send people a thousand miles in a few seconds (FR).

Even at a slow pace, there was a sense that healing began. There was also a view expressed with great passion and description by one and alluded to by others that they were working on the edge of the Kingdom of heaven, which was there to step into by experiencing the healing power of Jesus. Every participant had their own way of describing their encounter with God in the practice, but all had resonance with Tournier's experience



that something changed, shifted during an encounter where there was prayer in the room: 'I do know when Aslan [God} is on the move...' (CG).

And very often they will find a physical connection. He is beside me, he is around me, he is within me and that's beginning this deep encounter with Christ. They can find a glimpse of Jesus he's bringing them- something's happening. So, then what we will encourage them to do is to talk to Jesus directly (HC).

Another interviewee, experienced in counselling and listening and extensively trained, was open to inviting whoever would bring the healer, Jesus, into the encounter:

We'll try and keep going until they do. They will usually see. They might not see him how I would see him. They might say oh yes, there's a picture, I can see him as the Divine Mercy or something if they're very Catholic, they probably see that, so we can take it from there, but they have to see...or sometimes, what we'll do with Catholics is say can you see Mary, and Mary can come in. That's not threatening, and then Mary's bringing Jesus in... can you talk to him and tell him and we'll take it from there. But yes, it's very much the three: you, the person, and we bring Jesus in, and it's Jesus of course that does the healing (JW).

And sometimes you could do exactly the same with two people and in one, something happens, something shifts for some, it doesn't for the other person. God seems to deal with people very differently, really, I think, depending on what he knows about them I suppose and what they need (AW).

And I think that's what I'm trying to encourage my lay folk to be, is just you almost have to just take the risks if you don't feel like it. Just try and do the right things, really, and be those channels that God can move through if he wants to (AH).

...Because a lot of what we teach we put under the banner of healing because Jesus healed. Unless you understand what Jesus was doing, how he was doing it and why he was doing it, unless you are going to arrange your life into some similar pattern then you can't do what Jesus did. It's very biblical isn't it to understand what Jesus was doing? (AB).

For all interviewees, in one sense or another, carrying out their ministry in the presence and power of Jesus was a given.

Tournier describes this moment of 'the flash' in two stages in an extract in *A Listening Ear* (1986). Firstly, there is that moment in a clinical encounter when there is suddenly genuine engagement. Tournier asks the reader if the unseen God is there, creating a meeting between three and not two; he then claims it is. In this extract he is having a discussion with a psychoanalyst and critic called Balint who, whilst recognising it happens, believes it is probably psychological. Tournier however, actually claims this moment as spiritual and not psychological (Tournier, 1986:35-36).

Tournier argued that medicine does not have to be purely scientific; indeed it should acknowledge the person's understanding of their illness and the presence of God. Here he did concede that there was a growing expectation for scientific evidence in his profession, and responded by admitting what he believes cannot be proven.

Regulations have separated religion and medical practice today. However, without interfering in the work of the doctor, those involved in the lay ministry are free to adopt Tournier's understanding and explore the healing of the spirit as something they can be trained to do.

All of those interviewed had tangible experience of the triologue. Even those for whom an obvious revelation was not a regular occurrence had the faith that God's presence 'in the room' was real and the reason why they prefixed their activities with 'Christian' even when adopting modern counselling or psychological practices. It should be noted that there was some 'slippage' in the way that language of God (Father), Jesus and the Holy Spirit were used among interviewees, whilst Tournier was more specific in his descriptions. They were all practising in a Christian environment and thus the clinicians involved were able to separate their two activities, secular and Christian.

Expressing this as the person of Christ or feeling the movement of the Holy Spirit was common in the interview narratives. For those who were perhaps struggling with a client or feeling they were not making progress, there was a belief that somehow through their own faith God would be present and would respond to prayer.

#### *b) The Holy Spirit.*

There were many expressions of the presence of the Spirit, thirty-five references among twelve people. Whilst some were aware of the personal presence of Jesus in an encounter, there was a subtle difference in their descriptions of the presence of the Holy Spirit. It was

as though they expected Jesus to be present and 'knew' him but when the Spirit moved into the encounter, they would feel a profound and different power. There was an awareness of a change, a shift and healing would begin. Tournier wrote of the importance of encounter of any and many kinds changing people's lives, be it with a person or with God. This found resonance in several comments:

... So, I think healing happens when change takes place. Yes. Sometimes the person knows it immediately or they encounter it long term. But I do believe that whenever you have a prayer for healing, God heals maybe even in the unseen. He's doing things in a way that you can't even see or know about. Yes, I think there is a change and healing takes place (LA).

And a profound experience:

... and I was counselling this guy and I'd seen him quite a long time. He was quite complex, and trying to get him to see...to look at things from a different angle and...well, I didn't feel I was making much progress, and it was during one session, and we were talking and then we went quiet and the atmosphere in the room changed. We were both... you know that stage where you suddenly feel oh, the Holy Spirit is here, there's an electricity, and he went quiet, we both...we obviously both felt it... but we were quiet for quite some time and this energy was here, and at the end of it...when I'm saying at the end of it, he looked at me and he said wow, and I sort of just let him and he totally changed and saw what he needed to see and he was a total different man after that (JW).

The psychologist who discussed Mindfulness CBT, who had been very scientific until this point but then said:

...and in my own personal belief, I think that that is probably generated through the gift of the Holy Spirit. I mean I would see that as being an important element of going back to the breath, which is very much a Biblical concept isn't it, you know, the breath of God's spirit and so forth, to actually do that...there is a discipline involved in mindfulness-based meditation practice, and in my view, the closest spiritual approach if you're wanting to think about it in those terms, purely spiritual, would be the technique called centering prayer...(PG).

The Holy Spirit narratives were often linked with miracle experiences but many were very aware of the work of the Spirit working alongside them in their ministry in most situations.

... I only have to put my hands out and I can feel, I just get this sense, this heaviness in my hands, and I know but I know the Spirit is there (BB).

On the work and mission of the Holy Spirit overall:

I would call myself an intelligent charismatic, in that I believe in the work of the Holy Spirit currently through gifts and revelation and through the transfer of Heaven's power, through the church into the body and mind of others... (WA).

### *c) Miracles*

Experiencing miraculous events was quite common for some of the interviewees. Miracles in this context were sudden and unexpected events of healing. They were not dramatic in their telling and indeed, were often a surprise. Experiencing miracles was much more common among those who had expressed their role in the CHM as having some kind of prophetic or healing charism (see Table 1,p64) but always noting that it is God who heals.

...and one guy who came into church one morning on crutches, he ruptured his Achilles tendon... totally ruptured. And actually, it was one of our older guys who's always been, he's well in his 80s but really been looking, he's just looking for God to move. And we prayed for him and the guy -he literally went out without his crutches so he'd been told he was going to be six weeks on the crutches... But he was healed that morning (DE).

And from one who did take miracles as commonplace he also knew:

We can promise to love and we can promise to pray but actually we can't promise that you will get out of this wheelchair or that you will dance the light fantastic or whatever. But we can promise that we will pray again next time...and we can promise that we'll carry on praying for you during the week (WA).

WA also referred to the three Gospel narratives of the blind men:

.... I think also the only common denominator in all three of those miracles is the presence of Jesus. And, it's when he's present when we are carrying him and we are responding to him in prayer (WA).

Generally, those who experienced sudden miracles were confident, experienced and often leaders in a ministry team or centre.

#### *d) Deliverance.*

It is relevant to mention here that deliverance was raised by ten sources with twenty-nine references. Those in ordained ministry understood its nature as helping people to be healed from something that had come between the person and their relationship with God; they were confident to pray and heal. Two, who were trained in exorcism, mentioned this only briefly as an extremely rare occurrence, differentiating between exorcism and deliverance. The latter was from characteristics such as addiction, abuse, memories or unwanted habits. Lay people interviewed were aware of the need for deliverance but most preferred to be supervised and pass it over to someone better qualified if people referred to spirits or demons. They perhaps did not realise that their prayer ministry might, anyway, be freeing people from their fears and illnesses and that deliverance from these afflictions is often an unintended outcome of the practice.

... often some of them may have a view that everything you've got is demon oriented and they start casting out demons with things that [the team leader] would say 'What? I've never heard it'. . So you know you'd have to have safeguards and structures in place...(JA).

### **3.2.6 Community**

The importance of community, that laboratory of mutual support spoken of by Tournier, was very important.

People without community keep coming back here [healing centre], maybe for years (HC).

Our Church is a place of mutual support and community; we help each other (DE).

This place is like Intensive care unit at our Tuesday healing services (AK).

We want to be a healing church, a comfort for each other (GE).

The importance of community was common to practitioners and, subsequently, in one focus group (see 3.3.3 p118).

Many of the participants agreed with Tournier that community is important for encouragement and belonging:

I really believe that we should be rooted somewhere. I mean, the community (BB).

Further, on the clear benefits of Church community as a place to be rooted, to receive Christian companionship which then helps in times of difficulty:

People would come to my church who wouldn't want to, whereas I think my youth club...the kids would see that and say well, I want to be part of that, and that looks fun and I think it's what we try to do, just make a space where they can be. So, we only have a little, tiny bit of Christian content at the end, but they can come and play games and have refreshments together, they can go on outings. So, it has formed a community, I think, which people want to be part of (AH).

The church as a community base and support was mentioned thirty times across nine people and was a favoured option as the best place to offer mutual care, although a supportive, secular or neighbourhood community was also viewed as important in helping people with continual healing:

It's an environment where there's faith or love. It's where people feel loved and secured, where there is faith and the faith for the person like I'm approaching you in a sense that I believe God is going to do good because that's who he is. And he intends good for you, there is hope and he's at work here... (GE).

There was also a newly developing ministry of healing damaged churches, emerging from two very experienced members of the clergy who were concerned with helping churches to be whole and therefore of service to the community. This involved working at depth with whole congregations and clergy on areas of 'brokenness'.

Tournier was less focussed on church, wanting people to be part of a 'laboratory of mutual support' and whilst participants would not have disagreed, they saw church as the

best place for fellowship contributing to wellbeing. The reason for that was because church was seen as a place to be supported by prayer, the tangible love of Christ and God's healing mercy.

For Tournier it was through communion with a personal relationship with Jesus Christ that God can be known. It was also communion with fellow people, community, suffering without limits, allowing creativity (Tournier,1982:70-72).

### **3.2.7 Sin and forgiveness**

There was no disagreement with Tournier that guilt is corrosive and confession is healing, although not all had considered it in that way before:

I kept getting the A word in my mind as I was talking to this guy and in the end, I said, *So, do you want to talk about the adultery?* He broke down and confessed it... I have met people who cannot move on and let go. They are held back, they do not heal (WA).

Forgiving others and ourselves was an important step in healing from the practitioners' perspective. There were forty-six references over fourteen sources. For those who cared for people who had suffered from any kind of abuse, the vital importance of the forgiveness of perpetrators was a significant step, but clearly not one taken easily. Forgiving required a lot of time and skilled work. On the benefits of forgiveness:

If you can't forgive whoever it was, you block God's love and so can't believe yourself to be loved (NB).

But I think generally speaking if someone is so knotted up, they need unknotting a bit. I don't think God needs a total open door but he needs a chink.... and then there's unforgiveness as well, which is another block to healing (BB).

A note of caution however on the over emphasis of sin:

I hate it when people say it's because of your sin that you've not been healed. You hear that an awful lot and that leaves someone so burdened and guilty and they go away having to carry that and there's all sorts of reasons why that doesn't heal.

And... there's a quick-fix thing I don't like...sometimes God will give people a quick fix, but often, I think it's... I think if you can give some of that attention and that love and...again, there's a story in the Bible when Jesus prayed for a blind man and he said...well I can see but everything looks like trees, and so Jesus prayed for him again and he could see. I think for me that speaks ...a process of continuing to pray... (AH).

A forgiving and gentle approach to the question of sin and the forgiveness of others or oneself was important in the journey of healing as seen by the participants. Across this spectrum of Church tradition there was agreement with Tournier that hurt, guilt and unforgiveness were a block to healing and wholeness and an area where the CHM could offer help.

The consensus was as Tournier believed, people should unburden their guilt through whatever means was appropriate for them, including the sacraments.

This damaging of the soul was expressed by Tournier and in different ways by interviewees. Carrying anger against oneself or another was toxic, a further stumbling block. No one thought it easy to forgive someone who has injured a person deeply, but unforgiveness often goes hand in hand with self-loathing and requires knowledgeable care to bring a person to love themselves and to forgive the perpetrator. Confession is a powerful tool suggests Tournier and that bringing people face to face with Christ is soul-healing (Collins, 1973:69-72).

### **3.2.8 Suffering, acceptance and grace**

A significant area of Tournier's work was the approach to suffering; this gave participants something on which to pause and ponder. Suffering itself had thirty-one references across eleven sources in varied contexts. As people began to consider the approach of Tournier to accept and embrace suffering they began to make connections.

Most of the practitioners' ministry time was with people's suffering, in one way or another. Turning the question around and asking if they had encountered people who were blocked by lack of acceptance was revealing.

I'd say is quite important, really. That whatever happens, God can bring good out of it, and God can bring growth out of it... (AW).



Abuse of various kinds came up often and the suffering that it brought across people's lifetimes:

And they're ashamed. It's not their fault. The people don't realise it's not their fault (NB).

There were two people who had ministered to people who had endured serious abuse and told of the long walk with those who had suffered.

It's very dirty, but some people who are very sadistic when they've been abusing little children in grooming them for abuse of a lifetime, deliberately used Jesus ...he was actually dressed up as Jesus...and then abused people... (FR).

On less sinister levels of suffering but also deep and difficult:

Some lovely people who have really suffered and yet somehow...there's wounded healers, you talk about don't we...because they've suffered almost (AW).

As discussed in Chapter 1, participants began to resonate with Tournier's idea that it is the way we respond to suffering which can make the difference to our future wellbeing (Tournier, 1954:202 and 242).

There was a very clear example given in the anecdote of a man who was unable to move on, as he wanted his deceased wife brought back to life. This took a lot of work over a long period of time with a prayer ministry team (WA).

... a man who grieves unceasingly over the loss of his wife- and understandably- but to the point that it's always about trying to get her back. It's never about him releasing her and then moving on into a new reality. Not forgetting her, but actually having a reality without her (WA).

On suffering itself:

We thank God for our sufferings because that's what we've experienced, we can help other people, really, and you see that very clearly with people, and you see other people who have turned their back on God and are angry and bitter and...which is very sad. In my experience, you can never quite get through to them, and I think it's maybe they're wanting to forgive God... (AW).

The language about suffering was careful; there were no suggestions from participants that God sends suffering. This seemed to agree with Tournier. One or two people ventured on the edge of a theodicy but mostly they were concerned with helping people manage their losses and disappointments rather than trying to understand where evil and suffering come from:

...But even within that you hear somebody's sorrows behind the story they tell. Even if they're quite positive, the things that they regret, the things that have clung to them or lingered with them. We talk about wholeness here. One of the things I talk about is the school playground when they're picking teams...virtually everybody here says exactly that. Nobody says to me I was the first one picked. Okay... but actually when you open it up some people carry that into their relationships with other people, into their relationship with God (WA).

If you blame this guy up there [God] you've built a concrete wall around you, which can have the effect to stop the good stuff coming in (BB).

There was caution about a destructive approach:

I think the evangelicals, charismatics were on the wrong side of that for some time in that prayer was only ever about redeeming ... winding the clock back to before it happened, so that you could have all that you had, but now have it in Christ. And it was very much a triumphalism about it. I think now there is much more, if I could call it a triumphant realism which says that in some things we have to accept that a person has died, a relationship is at an end. An illness has had a- we have epilepsy, you probably won't ever be able to drive a car again...(WA).

My best friend's mother died unexpectedly when he was 14, and he is still angry with God. This is 40 years later, and I think he's never forgiven God for that and however much we've talked, and that has shrivelled his life up in many ways... He drinks too much and smokes too much ... (AW).

On the parable of the prodigal son:

... so, the elder brother or the other brother is a model of refusing to forgive. Even though the word forgiveness is never mentioned once; it's all about forgiveness. And so, he's holding on to it until the father's concluding words, as we had to

celebrate. And it ends right there. And of course, the invitation in this parable is: are you gonna stay outside or are you gonna come on in? (FR).

Tournier's message, of course, was 'come on in.' These few quotes from many in the narratives agree with Tournier that the reverse of acceptance is to be unable to move forward.

Tournier's position on this question is well phrased in '...the duality of revolt and acceptance. Suffering always evokes revolt, and the solution is always to be found in acceptance...'. He then goes on to explain that it is no use just telling people to accept but '... the acceptance comes from contact with those who have learnt to accept' (Tournier 1986:32). His message was very specifically for doctors and it was on this problem of suffering and acceptance only that Tournier used patient group discussions, again around his fireside in an informal setting. He was adopting the approach of mutual encouragement.

Suffering and our approach to it is a subject for potential further development. Everyone hesitated at the question and then realised its implications and flowed in both their giving of examples and then developing understanding. There is no reason why this teaching should be for doctors only; it can be a key ministry for the lay CHM and one that the practitioners were engaged with. There was an awakening in their thinking as they talked that they were helping people embrace suffering in the way of Tournier.

### **3.2.9 Friendship and accompaniment**

Every interviewee felt that, whilst offering friendship, support and companionship, their training emphasised they should not identify with the problems brought by people. This is probably from the contemporary practice of training for any type of counselling which discourages identifying with clients for the protection of both individuals. With one or two very isolated exceptions on specific and serious issues where identification with a problem was helpful, all interviewed kept a distance from those they were helping.

Tournier was a man who made his own rules and obviously felt that this closeness helped him in his work and relationships. Although safeguarding was not on organisational agendas as it is today, there were questions as to whether that closeness was a good thing or not. As many interviewees practised their ministry in centres where they may not be on

duty for a returning client, they had to be prepared to hand over to a colleague. Even those who had an ongoing relationship with people kept a purposeful distance.

I was being listened to by someone who started to tell me their experience and I thought...I don't want to hear about you, I want to talk about my problem (JW).

This was very interesting, as Tournier clearly believed that an equal relationship was important and his friendship and vulnerability with his clients was a key part of his praxis. Attwell and Fulford agreed that Tournier's approach to developing close relationships was unconventional even for his time (they cite his taking one patient on a three-day hike to talk about his problems) but compare his approach with that of the Celtic tradition of a 'soul friend'. (2007:87)

For those currently trained as counsellors or spiritual directors, it is seen as important to maintain professional distance. No participant envisaged becoming vulnerable by being totally open with the other person. This is something that Tournier felt confident to do and he firmly believed that it made the other person feel more at ease. This was an area of wide difference in practice. There is potential for further thinking into Tournier's style of 'soul friendship' and how or if it has a place in the CHM.

There are many situations in the community and church where support of another is born from or leads to friendship. However, for the CHM the balanced way was seen as being supervised and reflective, necessitating ministering in organised ministry.

### **3.2.10 Tournier's universalism**

This area was a challenge for many interviewed. There were nineteen references among ten interviews. Their experience with many people told them that God's healing grace, which they had seen so often, is available for everyone. Yet their Church teaching might tell them that salvation and so Jesus' healing and mercy are only truly available for believers, the saved and professed. There were some interesting and even amusing anecdotes:

We had a Rabbi come in and I thought, what do I do? I want to honour the guy and honour where he's come from and I'm not here to convert the guy but I said 'Well where is Jesus for you?' And he said 'Oh, he's sitting on the settee?' I thought- I

had no idea what to do any more! I laughed and thought ' if Christ can do that then I don't know what to do anymore' (HC).

...but I think it comes from my theology that I think Christ isn't just for the believers. Christ is for everyone, I think, so going back to your question, I would say a very strong yes to that, really, and that's part of sharing the good news throughout... (AW).

...I had a person on the phone for a long time and I said to him, "When I talk about the Lord, you make it your God." And he was quite pleased with that (NB).

Yes, ...this particular service [Christian listening] is open to anyone, whatever their belief (PM).

However, there was a sense that when a person had faith in Jesus it helped, perhaps it made the healing process more of a natural transition.

If you let Jesus into your life and you have that complete forgiveness of your past, there is a door open to receive healing. I think people are still open to receive healing even if they don't know Jesus Christ. But I think that that total forgiveness and acceptance of love from the Father washes away a lot of the pain of sin (JA).

What can be generally assumed from this is that, as with Tournier, people were pragmatic and prepared to be open. They would accept whoever came to their door as having been sent by God and in need. They would perhaps try and find a 'common Lord' if the person was of another faith. There were those, of course, who believed that non-believers would not come to them if their sign on the door said 'Christian'. Others mentioned passers who came into the same centres, delivery drivers or lost citizens to whom they would minister, if requested. In the same way as Tournier, they had learnt to be open to the movement of the Spirit and to be God's channel to anyone. No one said they would not help a non-Christian, even if some admitted they might find it difficult to find a way through to the person using their way of ministering.

Each contributor understood common Church teaching about salvation and the way to God through Christ. Whilst being firm in their Christian beliefs, most participants either cautiously or clearly agreed with Tournier that God's help and mercy could transcend denominational boundaries. Tournier went so far as to posit that jointly all faiths could unite in a 'spiritual view of man' (Tournier, 1986:81). Clark, agreeing with Tournier,

discusses how doctors particularly can transcend all faiths or no faith and create a common bond between people (Clark, 2007:66). During the interviews, the discussion did not go further than 'who could be helped' and no participant would have turned anyone away.

But those who profess a different religion, or those who claim to have none, stand to benefit equally from his mediation. God accomplished the reconciliation of humanity to himself. Our only privilege as Christians is of knowing it and proclaiming it (Tournier, 1966a:222).

### **3.2.11 Safety, bad practice**

This was a question added to the interview schedule after the process began, as it became an issue. There were fifty-six references over fourteen sources coded as bad practice, plus twenty references over seven sources about getting in the way of God and His work. There were stories of very bad practice with serious damage that had been done and had to be undone:

I think the most difficult barrier that I come across is when somebody's been abused as a child and feels responsible for it (MM).

Put very simply and succinctly was 'We must do nothing that gets in the way of God and His work' (AS). There was also a theme that emerged about how people see God and how wrong images can distort and damage:

Images of God can be really detrimental, and so often they are not picked up from early parental models, so I think that's one thing, to have a distorted image of God and finding the true God is surely the journey of a lifetime in any case for all of us (AS).

Those engaged in ministry in centres of any kind were bound by safeguarding rules and policies. The most coherent and well-stated safeguarding policy came from the independent Church pastors. Those ministering independently or in networks were 'on trust' to do no harm and all spoke of it. Manipulation and autosuggestion were condemned by all participants:

For me, what's harmful or what can be potentially harmful in the healing ministry...well, where do you start? Not listening to the person who comes, so already you are telling them that what they have to say is of no value, which means

they are of no value. Secondly is projecting onto people your own conclusions of what their problem is, and that can open out into all kinds of things (FR).

Keeping distance, having safeguarding practices well defined, using a safe place and most importantly, not getting in the way of God were non-negotiable for all. The importance of community, a place of reference and balance mattered too.

Coming back to the community, it's important that you're rooted somewhere and where there is a degree of like-mindedness there can be a level of accountability (AB).

For many supervision was a regular part of their ministry; for others working in networks or independently there was not necessarily an explanation of how they were regulated and so this raised questions about how this might be addressed. At the end of most interviews, often when the recorder was turned off, people would say 'that is the first time I have ever reflected on my practice in that depth'.

That was very informative, as most formalised listening or counselling practices would involve a time not just of supervision but also of reflective practice. This is an area for further consideration, even in this very independent practice.

### **3.2.12 Miscellaneous themes**

Miscellaneous in this context does not mean 'insignificant' but they were either not significant in numbers in the data, or they were linked with other ideas. Heaven was one of the latter and, with the Kingdom was mentioned twenty-eight times over ten sources, so the idea of heaven as an ultimate destination, or somewhere we can glimpse now was a theme. Healing seems to be on the edge of the kingdom and participants believed they could help others to access it.

We'll talk with the Lord; when we meet him face to face I guess he will give the answer, but the 'whys' can be sometimes difficult, but we have to learn to live in the in-between. The kingdom has come but the kingdom is yet to come (AK).

Additionally, music and the arts were very important for a few people in their prayer life or as central in their ministry. There were fourteen references across four sources about music so it was clearly significant for some.

...and I do the music therapy for that group which I think is a very important part of it. And that resonance and that musicality is part of my healing journey really (CG).

Not insignificant was the question of the 'hard work' of the CHM. As it involves so much giving, it is inevitably draining of energy at times:

And you do end up carrying other people's trauma as well don't you? And that's just part of the role but loving consistently (DE).

A further developing area, requiring a specifically trained approach, was that of healing Church communities that were in strife:

So my approach to healing is very much on reconciliation at a group level and helping churches to move beyond damaging legacies in order to live the Christian way with the Christian witness that God's into being aged in. And sadly I have never been busier... I've reshaped the whole listening stuff into listening not to individual need, but to church need (FR).

There were mentions of other minor themes but those above were the most significant in terms of participants focus of or in their ministry.

### **3.3 The focus groups**

These groups were established with the intention of testing out the findings from the interviews. There were three sessions of about an hour each. Some participants had been interviewees, while others had not been involved in the interviews. Two focus groups of six participants had five people in common; none had been involved as interviewees. These were drawn from members of Churches in my local community (FG1 and FG3). The other group comprised five people involved with Acorn CHF who had been interviewees (FG2). Each group addressed two or three of the themes only; there was too much material to cover one hour's discussion. Some groups began to make connections between themes and then naturally move onto other areas. Finding a method for this stage was challenging and so it involved some imagination, combined with process. The result of this deliberation was to present the selected questions, as in the interview schedule, followed by the results of the interviews. The participants were then asked for their response to the findings.



The subjects presented were:

- FG1: The importance of prayer and community. Questions of safe practice developed during the discussion.
- FG2: What is going on in the CHM and the concept of Medicine of the Person.
- FG3: The limits of friendship and accompaniment, which then developed into a discussion about focusing on the needs of the person.

A proportion of the focus group members 1 and 3 were not necessarily practitioners in the CHM but had roles in what they referred to as 'the Ministry of God's mercy'. This included street pastoring, care of the homeless, those with mental health problems and other pastoral work that involved listening and support. They understood the concepts given and saw many of them as pivotal in their own ministries. The main areas discussed and some conclusions were as follows:

- FG1. Community is vital for a person's wellbeing and healing. There was a very strong view that Church is actually the ideal community for belonging, as the Body of Christ. It is in that community and in the context of prayer, prayerful teaching and discussion that Christian doctrine is known and understood. The community can regulate itself in this and in safe practice.

Prayer was seen as vital both in personal and intercessory contexts, but some found they naturally leaned to being at ease with one kind of prayer or another.

- FG2 (Practitioners). This group explored their individual experiences of 'what is going on here'. There was deep discussion of the healing presence of Jesus and the work of the Spirit. They also considered the whole-person question, agreeing in various ways on the importance of the 'holistic' view and their role in helping people to come to Christ in the 'trialogue', which they recognised.
- FG3. This group spent an interesting hour discussing the place of accompaniment and walking alongside people. They explored the right place for friendship, discussing Tournier's approach of giving freely of his love. They felt that keeping the person and their needs at the centre, without crossing boundaries, was a necessary balance. Like Tournier, they felt this sometimes meant being close to people, particularly in house groups where people became friends, and support was reciprocal.

### **3.3.1 Prayer**

This was described in one reflection group as similar to how we relate to a spouse or partner. There might be ongoing dialogue all day but then there would be a time of sitting down together over perhaps a meal and engaging more deeply. The importance of silence as a way of listening to God was important to all, but was clearly of great importance in ministries involving people and in bringing God's mercy to them.

We are accompanying somebody to Jesus and just being alongside them, and praying for them or with them. Sometimes people want you to pray for them because they don't feel able to or they feel too weak. Sometimes they will pray and you'll be alongside just stirring them on. I think we don't demand: God always responds out of who He is. Love, love and mercy grace and healing, power and authority (FG3).

### **3.3.2 'What is going on here?'**

This was a question addressed in the allocated hour for the practitioners' focus group. They had been interviewees and were aware that, in one way or another, healing came from God and they were the channels. They knew that listening to God and inviting Jesus into the encounter was the right approach. They had some profound stories to add to the narratives:

And I think for me, in the area of healing I start by looking at who God is and what he's already said, so that is the paradigm. I then look at the needs and the people. And so for me Christian healing ...It's about God restoring back to us what was in his heart when he first created humanity and part of it is that we got to share in the life and the love of the Trinity...And so for me I look back and say- when I pray for people who are sick or who ask for prayer in my mind I'm saying God what would this look like if they were in exactly in the way that you intended for them, what would that look like (FG2).

### 3.3.3 Community

This was a significant area for discussion and thinking in FG1 and FG3. As the group explored the ideas of Church as a supporting place it had resonance with Swinton's idea of churches who develop a 'practical theodicy' that supports and helps with suffering (Swinton, 2007:121ff). [This is explored further in 4.3.7 (p169)]. The participants felt strongly that church community was a good place to be supported and encouraged:

...But you know there were so many hands and feet and hearts and shoulders that were there ...once you experience that then I think, you know for me that the call to join its service [Church] really was very compelling. ...you know that's the biggest, probably one of the biggest experiences of healing (FG1).

I also think sometimes God speaks to you through someone else in your Church community, Especially when you're being yourself, and you just- so you're giving God more space ... you've made your communication, only bigger (FG1).

[On the serious illness of a child] Because I realised that that is the body of Christ... I don't think that's why I'm not claiming any remarkable insight by the way, it was partly because of the contentment, the cushioning that the community provided for me (FG1).

There was a lengthy discussion in FG 1 who agreed with Tournier on the nature of community as spiritual:

But there is just something very powerful of the community through time. And actually, I think that's true in a parish as well because....because you're not just in it for the moment, you've built up relationships and you have history and people know things about you. And there's something very healing about knowing, and not having to say stuff (FG1).

One focus group concluded that having the right view of Christ was through the combination of prayer and Church community. This was after a discussion led by one who had seen many alarming practices with distorted views of Jesus and felt that we can only bring the truth to people if we correct each other through teachings and discussions. This was an interesting triangulation of findings: Jesus, prayer and Church community, the latter two enabling us to understand the truth about the risen Christ, rather than something

distorted and potentially harmful.

Tournier also wrote about the differences between African and Western ideas of community, and there was resonance for one person on this:

When you first raised the issue of community I thought that's where we're really lacking. And that's just because of my background living in Africa. And living in South Africa for many years where there is an extraordinary level of community. You know, something happens and the entire village is involved (FG1).

Not only were African communities themselves described as much more integrated and engaged but also there were examples given of where the Church was the agent, the centre of networks to access services in these countries. This was seen as a model to aspire to in the UK.

In the context of Church, groups FG1 and 2 discussed the importance of confession and 'purity' for the practitioners themselves. They felt that as ministers of God's healing they should be free from anything that might taint their practice. This had not been raised in the interviews but was a significant issue for some of both groups and emerged spontaneously.

### **3.4 Summary**

This chapter has described the results of each from a narrative and thematic analysis approach. As stated the data was very rich and informative as well as inspiring. It found both resonance and disagreement with Tournier or perhaps an expansion or a different perspective on the same theme. Chapter 4 takes the dialogue further, as the next phase in the protocol for analysis (Figure 4,p60) is a conversation between data and theory.

## **Chapter 4. Discussion**

### **4.1 Introduction**

This chapter will discuss the results from the library and empirical research, with the intention of creating a dialogue with data and theory as planned at stage 6 of the protocol for analysis (Table 2,p80). The data has been drawn from the results of all prior stages of the research and the theory is represented by academic literature. Through this three-way dialogue, which incorporates the results from the empirical research, the chapter aims to set some firm theological ground for all practitioners in the development of the CHM.

The subject matter here is wide ranging and consequently the literature that supports the discussion is equally so and is drawn from two main sources. Firstly, there is a stream of respectable but ‘popular’ literature on Christian healing, written by those who practise. That literature has been included where the source is known and can be relied upon by their reputation in the recognised networks that form alliances of healing organisations and individuals<sup>9</sup>. Academic literature provides the underpinning theory for the dialogue. The literature used for this discussion is therefore drawn from a number of different authors, including some who influenced Tournier, such as Barth and Bonhoeffer. Additionally, there are included several contemporary theologians who provide their own perspectives.

Section 4.2, (p123) continues the discussion that began in the introduction, on the aim and theology of the CHM and the question ‘what is going on here’, thus building a background to the next section. Section 4.3 (p138) examines Tournier’s themes, as defined in Chapter 1.8. Finally, there is a shorter section (4.4. p174) on the practical issues that have emerged, followed by a summary.

### **4.2 The aim and theology of the Christian healing ministry**

. This section’s main aim is to continue the discussion of the phenomenological question raised in the introduction; ‘What is going on here?’. It concerns further aspects of the CHM that make it distinctive. It will discuss the theology of the CHM in the context of the Trinity,

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<sup>9</sup> For example: <http://www.christianhealinguk.org/members.html> (last accessed 19/9/19).

how the CHM can be understood in scriptural language, the Kingdom of heaven and some discussion of Divine action.

#### **4.2.1 Theology: The Triune God**

It is assumed here that the doctrine of the Trinity is understood as the foundation of the Christian faith from which the CHM flows. The New Testament (NT) narratives reference the Triune nature of God, and this foundation of Christian faith was articulated and declared at the Council of Nicaea in 325CE, where it was decreed that Jesus Christ is of 'one substance with the Father'; (*homoousios*. Papal Encyclicals, 2019). There is, of course, a huge body of literature on the Trinity and some has been selected in this section and later sections to support the experience in the CHM of the Triune God.

*A Time to Heal* (Perry,2000:xvi and 34-5) affirms that it is the power of the Holy Spirit in the Church and the outpouring of love in the dynamic of the Triune God that the CHM reflects and continues from the ministry of Jesus and the Early Church.

A selection of sermons by Cantalamessa, a Franciscan, teacher and the preacher to the Papal household, traces Trinitarian spirituality and theology through Eastern and Western traditions. He uses imagery and icons to explore and illuminate the loving and overflowing relationship between the three divine persons who all share the same divine nature. Drawing on well-known words of Augustine he affirms:

It is the whole Trinity that has made us: the Trinity is the Creator-God of Christians. We have been made for the Trinity, and our hearts will be restless until they rest in it... (Cantalamessa,2007:34 cites Augustine, 1958:321).

He explains the importance of the simplicity of the Trinity by, again, citing Augustine : 'The Trinity is one God. And, although it is a Trinity it is nonetheless simple...' (Cantalamessa, p58, cites Augustine,1958:321).

The spirituality around prayer and our relationship with the Triune God will be discussed at the section on prayer at 4.3 (p155ff) but the accepted theology explains the uniqueness of the Christian faith and so the source of God's love, mercy and healing.

Moltmann considers this uniqueness explaining that, in the light of the cross and the resurrection, Jesus' followers were given hope for the future through their faith in the Lordship of Christ, and finding meaning to the prior events of the suffering of Jesus. The

cross and resurrection gave the disciples their divine commission and calling, their authority. They had a new faith rooted in Christ and the glory of God (Moltmann, 1974:178-9). The CHM practitioners saw themselves as continuing that commission in their ministry:

And so, my role is as a messenger of Christ, and I bring either in word or in deed or in sign, or in prayer what it is that God wants people to receive (WA).

Moltmann further claims 'the theology of the cross must be within the Trinity and the theology of the Trinity must be the theology of the Cross'. The cross represents the crucified God and the person who hung on the Cross was the union of God and man (Rom.8:11; Moltmann,1974:241).

Tournier, whose theology has been explored in Chapter 1 (1.5.2 p44) demonstrated a normative and espoused Trinitarian theology: his operant expression was of his experiences of Jesus and the Holy Spirit on which he clearly relied. He described the Holy Spirit as the 'integrating force' in his form of therapeutic healing (Clark,2007:59). He wrote 'But already here on earth we are given by Christ the earnest of the Spirit, so that we may fix our hearts immovably on Him, finding in Him the source of eternal life...' (Tournier,1954:235) and 'We see it in the beneficent effects of the action of the Spirit upon the body, grace flooding into the whole person' (1954:209).

On his own history of the change from his church tradition after his profound experience of Jesus, Tournier said:

I believed in Jesus Christ and I loved Him. I took an active part in His Church...but it was God and not Jesus Christ who occupied the centre of my devotional life...He is the same God: But in Jesus we see God more intimately and more nearly... (1954:237).

Tournier expressed his experience of Jesus as friend, full of compassion, who continues to walk with his people. In the last lines of his last book Tournier said:

The Christian hope that inspires me is not a thing, but a person...the person of Jesus, who though he was the Son of the Father, had to feel his way to know the Father's will, but who is alive...and who is awaiting us beyond death... (1982:140).

There were some interesting results on how this Trinitarian context worked in practice for those interviewed for this project, who expressed differences in experiences of what Lash calls the 'three ways of being of God'. Lash's expression is purposefully different from any expressions of 'three persons' to avoid any interpretation of tritheism (Lash,2007:30). There were several factors emerging from the interviews that suggested that practitioners

were ministering within the context of Trinitarian understanding. Given their church traditions and their contexts of practice probably all interviewees would have said they believed in the Triune God. There were some explicit references that suggested this:

It's about God restoring back to us what was in his heart when he first created humanity and part of it is that we got to share in the life and the love of the Trinity...(WA).

A text search for the word 'Father' (in relation to the Trinity) in the narratives drew very few references. There were two that explained their thoughts specifically, as was reference to the Trinity explicitly:

Sometimes it's not Jesus, it's the Father. Because he often says 'My child, my precious child'. For years I didn't have a relationship with God the Father, because my father died when I was a baby so I didn't have that kind of role model. And then at one stage I just said to Jesus "please take me to your Father..."and I often have this sense the Father is with me even though I probably pray more to Jesus and the Holy Spirit (GB).

...so, unless you are in that constant relationship with Christ and the Father and the Spirit, keeping yourself as close to him as you can be. And just seeing all the Holy Spirit wants to pour into you, all the fruits...And then you come to somebody else and offer yourself to somebody else...So, if I'm not in that relationship, and prayer is just a relationship, talking to the Father and receiving from Him... If I'm not in that relationship then I can't do his will, as he would want me to do? (LA).

In summary, the interviewees displayed at least two of the four voices of theology discussed by Cameron et al (2010) in their development of Theological Action Research (TAR). Of these four voices the practitioners' theology was undoubtedly formed by the normative and formal theologies that are underpinned by, for example, Scripture, Church teaching and doctrine. This then created their normative and espoused theology experienced in their Church community and their operant theology was that which emerged from their ministry (Cameron et al,2010:53-56). In their practice their operant



theology was their various experiences of God's presence as the Father, Jesus and the Holy Spirit, and this influenced their theological practice. In this they were similar to Tournier.

It can then be understood from literature, from Tournier's writing and also from the expressed experiences, that the CHM is rooted in the Triune God and experienced in the risen Christ, whose healing power is sought in an encounter. This leads to further discussion on the phenomenological question, raised at the beginning of the research of 'what is going on here?'

#### **4.2.2'What is going on here?': biblical language**

The introduction of the thesis set out an initial understanding of the unique nature of Christian healing, the aim of which is to bring the person to Jesus who meets with them and heals with his original creative power: as written in John 1:1-3: 'all things having being created through the Word'. Healing as bringing a changing and lasting effect has also been explored (Lambourne,1963:81). This subsection continues exploring the 'what is going on here' question by considering biblical language about healing.

This language contributes to an insight of the CHM. Some commentators on the ministry read much meaning into the various terms used in the Scriptures. In a detailed examination of this language used, Lambourne suggests that any discussion needs to be in the context of the 'life situation of the early church' for it to be truly balanced. As an example the word used for the healing of lepers would have been 'to cleanse' which fits with the understanding of the condition at that time (Lambourne, 1963:93). Being mindful of this context, the following aims to provide a background to the CHM as understood in the Bible and particularly the New Testament. He presents a table which shows the frequency and context of five commonly used terms for healing in the Gospels, the most commonly used is from the word *sōzō* or made whole (Lambourne,1963:93).

Maddocks, agreeing that the frequently used *sōzō* concerns wholeness, further explained that the word was used to express that the whole person is being healed, not only cured. Maddocks writes that it also implies being saved: to the woman with the haemorrhage 'your faith has healed you' (Mark 5:34) and to the woman who anointed Jesus, he said 'your faith has saved you' (Luke 7:50) (Maddocks,1990:30-33).

Once again, Lambourne points out the context of words that are about being 'made whole'. He suggests that these expressions were used within the context of preparation of catechumens for Baptism and so associations with renewal, coming to Jesus, salvation, were of theological importance in the catechesis (Lambourne,1963:99). Gaiser suggests that this connection between healing and curing are 'literally and theologically connected' for a further reason. He links the connection with the cross which also heals: 'by his bruises we are healed' (Isa.53:5) and concludes that healing is not to be about '...a triumphalist success...' but as a transformative encounter with Jesus (Gaiser,2010: 190).

Further, when exploring this differentiation in the interpretation of words, Gaiser questions whether any sufferer could, anyway, possibly ask for healing without a cure for their ailment. Using the example of the ten lepers whose illness was cured, he points out that the one who returned was 'healed' (Luke 17:11-19). This leads to ideas on faith, salvation and 'deep healing' (Gaiser,183ff); the latter is an expression many interviewees were used to working with:

And on a deeper healing day \*\*\* will send us the names of the people we're allocated for, so there's 24 hours to ask God for anything, scriptures, pictures...*anything* for them...we pray in the room where they will be, the day before (LA).

On a deeper healing day where we give guests 50 minutes to an hour with two prayer ministers. Then in the afternoon if they want to they're prayed with maybe four or five of the ministry team... people [prayer ministers] just wait on God ...(AK).

Another word used in the NT is *therapeuō*. This concerns cure of illness as opposed to healing. There is a third verb, *iaomai* which, explains Messer, is also used to refer to physical cures in the New Testament (Messer,2013:113).

Messer (2013) explores these various NT expressions of healing in some depth but asks if the distinction between healing and curing can be so easily made. He acknowledges that it does 'act as a corrective to an exclusive, mechanistic focus on disease processes and their treatment...' Further, he suggests that that the focus on the holistic in healing can avoid some of the questions that are difficult to answer in the ministry, such as the events of miracles and the tension that can occur in the partnership with medicine (Messer,2013:117).

The Hebrew word *shalom* is often used in the CHM to refer to this holistic sense of healing (Acorn,2017). Maddocks, whose work is still referred to in Acorn CHF training, wrote 'The state of Shalom comes about when the will of God is being done, when there is

a harmony of being at one with the Creator....' (Maddocks,1981:11). In training or discussion the word is often synonymous with ideas of wholeness, as it is deployed to understand the full meaning of healing. This use of the word and its associations with wholeness and deeper healing, shaped the interviewees' understanding of 'what is going on here':

And very often they will find a physical connection. He is beside me, he is around me, he is within me and that's beginning this deep encounter with Christ. They can find a glimpse of Jesus he's bringing them- something's happening... So then what we will encourage them to do is- is encourage them to talk to Jesus directly. And what we find is that it engages people in a very deep level...for physical illnesses, mental illnesses, spiritual conditions whatever we find engages with them in a very deep way. That's how we see this, in the sense that we allow that whole person to come to Jesus and they can express whatever they want to (HC).

And as far as the listening goes, I think it's just like sort of holding and staying with, enabling, and then suddenly they go deeper. And I, in the speaking role, I was astonished too at what I said because I wasn't actually that experienced at saying an awful lot from my depths ...(AS).

According to Maddocks, being brought into a place of completeness is the full meaning of the word. *Shalom* is not just a greeting of peace but of complete wellbeing, divine grace, at one with the community, God and oneself. Maddocks considered the word as difficult to translate into English as it incorporates so many aspects of wellbeing and in fact, is a gift from God that can only be received in his presence (Maddocks, 1986:5). Providing some context for this often-used word, Gaiser suggests that the term, concerned with the health of body, mind, soul and spirit is about final healing; completeness which will come in life after this one (Gaiser,2010:243).

Whilst practitioners did not use any of these biblical terms during the interviews the concepts they were endeavouring to portray were around the idea of *Shalom*, as a way of trying to convey the idea of the healing that is beyond curing. *Shalom* has a very specific meaning in the Hebrew Bible, far beyond healing, but as practitioners struggled with the expression of their understanding it provides some explanation of their experiences. In the interviews they would substitute with words such as wholeness or peace:

\*\*\* used a lovely word that I would love to use more which is whole and I think wholeness is a really rich concept that again I think it's probably underdeveloped in our tradition (FG1).

...So wholeness is looking at every aspect not just the physical aspect...(AK)

...we do pray for peace for them or clarity or whatever... (PM).

Sometimes you have to pray for peace for people, before you can pray for healing. Because they're in turmoil and the anxiety...(AW).

Biblical language, as described above, with its richness of description on healing, curing and wholeness then provides some background to the CHM and its understanding for today's practice, expressing much of the depth and complexity of healing beyond curing.

#### **4.2.3 The Kingdom of Heaven**

Referred to often by Jesus in the Gospel narratives, the Kingdom of heaven (the Kingdom) and its meaning is an area for wide theological discussion. Fergusson (1991) suggests it is 'a community which lives in obedience to the generosity, forgiveness and righteousness of God...' going on to describe heaven's absence of infirmity, poverty and oppression and other injustices. He writes that the Kingdom, although to come, has begun with the appearance of Jesus, who, according to the Gospel narratives, referred to it at least ninety times. Fergusson posits that if the Kingdom is with us now then Christian eschatology of hope to come should not excuse the Church from complacency about world matters today (Fergusson,1991:230). He believes that the message of eschatology and the Kingdom 'empowers us to serve God now' (1991:239) reminding the reader of the final chapters of Matthew's Gospel and their sense of urgency for humanity to serve God. Fergusson also believes there should be joy and celebration of what is to come (1991:240) concluding that hope for the future is a function of Christian faith which is based on 'Christ, crucified and risen' (1991:241).

The eschatological hope of the Christian faith, ultimate healing in the resurrection promise and the Kingdom, is a hope that the CHM can share with others as a gift. Lambourne suggests that the healing miracles of Jesus publicly herald the coming of the

Kingdom, recognising the presence of God, thus they are a theophany (Lambourne,1963:42).

Collins reflects on Tournier's view of heaven as a place of a better and everlasting life where there will be no suffering. Tournier's ideas were drawn from his own biblical knowledge. In summary Tournier thought there will be peace and understanding without pain and grief and significantly, there will be no boredom. 'In the Biblical perspective life is communion with God, and death is separation from Him' (Tournier, 1954:148). This is where, he believed, all people will be in fellowship and see Christ face-to-face (Collins,1973:88). The absence of suffering and pain is significant, heaven becoming the ultimate place of healing for Tournier. In *A Place for Us* (1968), where he searched for the best earthly place for individuals to grow and flourish, he finally turned to Revelation for the destiny of heaven where there are trees of life planted in the middle of the city of the heavenly Jerusalem (Rev.22:2), where death and pain shall be no more (Rev.21:4) (Tournier,1968:52). For Tournier there was an eschatological hope that defined much of his work, because it was a future hope, whilst he tried to bring healing and relief of suffering to the living. Quoting 'Leave the dead to bury their own dead' (Matt.8:22) Tournier wrote 'The dead no longer belong with us. They are in God's peace. Let us turn towards the living' (Tournier,1954:219).

Tournier's eschatology, which has to be interpreted and assumed from his writing, is in tension with the experiences of the interviewees, many of whom placed more emphasis on the present reality and closeness of the Kingdom in which their ministry acts. They would have related to the saying of Jesus: 'Nor will people say, "Here it is," or "There it is," because the Kingdom of God is in your midst' (Luke 17:21). This verse expresses where the CHM is working in its ministry, on the edge of the Kingdom, and thus encountering divine action of one measure or another. Lambourne's understanding that Jesus' healing work 'looks both backward and forward...' would also resonate in the CHM. (Lambourne,1963:64). Healing was an experience of the Kingdom.

Just as some practitioners expressed the feeling of being 'on the edge of the Kingdom' in the ministry, the Church of England also described healing as 'A glimpse of the Kingdom...' (Archbishop's Review Group,2000:3), so this short definition had resonance with the narratives of some interviewees:

And I think it's transcendent. I don't think we can analyse it. I think it is mysterious, I think it's beautiful (CG).

For many of the practitioners interviewed, this experience was also a sense of the CHM bringing the people they cared for closer to the Kingdom and likewise bringing the Kingdom closer to the people. There were thirty-three references to heaven and the Kingdom across eleven sources in the interview narratives.

[On listening and prayer] ...it's giving that value of I suppose feeling accepted and loved. It would've been a foretaste of heaven, I think, for people (AS).

... Engaging in the Kingdom...because without engaging in the Kingdom you're only a theoretical Christian. You know you have a great relationship with God because it's like- it's like a footballer having a really good relationship with a manager, but not being on the pitch (JA).

From Acorn training notes:

.....God's Kingdom comes when what God wants done *is* done. God's Kingdom comes when the ways God designed things to be, actually happen. Jesus came to make it possible for God's ways to happen *through* us, for God's Kingdom to come through his people (Acorn,2020).

This difference is perhaps because Tournier kept a scientifically open and interested mind on miracles: 'It is not my purpose to "explain" all Christ's miracles' Tournier, 1954:153). His own praxis was concerned with a prayerful Christian style of psychotherapy in the here and now. Practitioners, however they are engaged in prayer ministry such as laying on of hands and prophecy, experience something of the miraculous and the work of the Spirit. This difference is possibly also indicative of the development of the CHM over the last decades. Some of these tensions continue further in the next sub-section.

#### **4.2.4 Divine Action**

The CHM is drawing on the action of God; referred to here as divine action. This sub-section will discuss how divine action can be understood in this context, the question of miracles and what happens when God does not seem to answer prayer.

This encounter with the healing actions of God is sought by all traditions in the CHM. (There were thirty nine references across thirteen sources). A quote from an interview where the couple both witnessed and heard of miracles at a centre they visit is illustrative:

They have a wonderful story of somebody arrived in the chapel in a wheelchair; they prayed for her. She was completely healed and they put the wheelchair on the altar. And so for the next prayer session they came in 'what's the wheelchair doing on the altar?'. So they have an expectation they will have the courage to pray for anything and anyone (FG2).

Further, on the record of his ministry on healing 'I've lots of miracles in my book' (NB), and from a medical doctor 'It's [miracles] are actually much more common. And certainly talking to people from \*\*\*they've seen really amazing things, things that actually are, can be verified (JN).

In the CHM, God is invited to act during prayer ministry, listening and during the laying on of hands or when seeking a prophetic word. These practices are thought of as gifts of the charismatic kind; their use and effect are the subject of discussion here. Perry recommends that these gifts should be used humbly, and under the authority and supervision of the people of the church (Perry,2000:310). There are several sources of literature that are drawn on to further understand divine action and miracles. This action of the Holy Spirit is, as posited by Guile and McManus, an experience of transformation allowing people to experience the Scriptures in a way which reflects Hebrews; 'alive and active, sharper than any two-edged sword...' (Heb.4:12). The authors relate this both to individuals and to the wounded Church itself (Guile and MacManus,2017:19).

Stayne, in a practical work, *Renew your Wonders*, writes of the many ways in which Jesus healed, not always laying on of hands. He sometimes used touch or took people by the hand (Matthew 8:15) or even '...spat and touched his tongue' (Mark, 7:32-33). Stayne advises that gifts in healing in the CHM are 'arts' to be learned alongside others who are more experienced, and should be a response to the Spirit, not to one's own thoughts or wishes. He writes that the effectiveness of this ministry depends on how well the prompting of the Spirit is obeyed, and suggests that this may take many years to grow and develop from the initial stirrings of knowledge of a gift (Stayne, 2017:186-7).

Miracles, the apparent sudden and unexpected intervention of the divine have been witnessed in the Gospel narratives, then through centuries of Christian healing and by practitioners in the CHM today. Rossow (2018) considers the functions of the miracles performed by Jesus saying, firstly, that they were an apologetic, demonstrating that Jesus was the Son of God. Secondly, they were born of his compassion; they were previews of his

forthcoming death and resurrection. They were also didactic, used to teach and further were a demonstration of God's Kingdom (Rossow,2018:59-66).

Tracy discusses miracles in a modern world that is full of 'misgivings'. He considers the scepticism of Weinberg, which posits that new learning makes it difficult to believe there is an interested Deity (Tracy, 2009:599). Tracy discusses five possibilities on how, , whether and when miracles happen. These may be summarised as follows:

1. God is creator, so acts in every event 'as its absolute ontological ground'.
2. God works through the order of cause and effect that he has created.
3. God works indirectly through his free agents that he has created.
4. God 'acts to determine some or all of what is left undetermined in the order of created causes' (Non-interventionist, special actions).
5. God acts in history to modify or exceed the causal powers of his creatures (interventionist).

(Summarised from Tracy, 2009:609-610).

Tracy advises that we are not in an epistemological position to know which of these options is probable, and so we should not try and detail explanations on any of them. He writes that many theologians are cautious about option five, that God intervenes in his creation, but suggests that option four is worthy of consideration and further exploration (Tracy,2009:610). The practitioners' comments on divine action and miracles suggest that they would consider all of these options possible. They appear to consider themselves as God's agents, experiencing a God of interventions. However, it is possible that taking Tracy's advice and exploring option four would be to consider God working in the CHM through laws of nature that we do not yet fully understand, Perhaps this could account for the experiences of the miraculous that practitioners discussed. Tracy argues that although modern science may rule out miracles, that should not exclude any of these ways of thinking about divine action.

As Tracy indicates, many science and theology scholars have rejected option five, the interventionist theory, on a variety of grounds, including that God does not break the laws of nature which he himself created, but instead works through those laws. For example, Polkinghorne suggests that the problem of explaining or understanding miracles, which are central to Christian belief, is theological, not scientific. He thinks 'it is theologically incredible that God should act as a capricious magician' and instead believes there must be a '...deep, divine consistency'. In holding the position that God is consistent, Polkinghorne



writes that it is the role of theology to discern this consistency in relation to miracles (Polkinghorne,2009:68-9).

This non-interventionist account has recently been challenged by newer voices in the science and theology field. Yong for example, from a Pentecostal tradition, suggests that polemicists who attempt to attack Pentecostalism and its manifestations of the Spirit (such as speaking in tongues and miracles) from a scientific stance, are taking a reductionist position. Yong writes that searching for explanations through any aspect of science, such as neurobiology or psychology, will not account for phenomenon of divine action. The world is not a closed system he argues, and, whilst he accepts that scientific inquiry is important and can shed light on 'the whole', so it is equally important to engage in a wider debate and discernment that includes theology and takes into account the work of the Spirit. Analogous to the events at Pentecost which showed the glory of God by enabling many languages, so too do the various layers of emerging scientific knowledge. When combined with the eschatological perspectives of Christian theology (or Pentecostal perspectives as Yong specifically suggests) the discernment of divine action would be in the same Christian context (Yong, 2011:68-71).

Albrecht and Howard make a further contribution on the Pentecostal expectation:

Pentecostals also expect Christ to Heal. The Jesus who healed those who came to him with their infirmities on earth is the same Jesus who heals those who come to him today. Pentecostals interpret the coming of Christ and the Spirit as an infusion (or perhaps "invasion") of the supernatural kingdom of God into this world. (Albrecht and Howard, 2000:3).

There is an important pastoral issue about miraculous occurrences, which is noted here. Practitioners have witnessed miracles and would agree that the miraculous is not only transformational and evangelistic, but could also raise expectations that may not be met, which can be damaging. There may also be a negative effect on people who do not experience an instant miracle if the prevailing teaching in the community is that 'failure' to heal is due to lack of faith or their sinfulness.

Related to this issue is a question that is often asked and can cause confusion and doubt. Perry puts it; 'Can we expect the same sort of cures as sick people did in Jesus' day?' (Perry,2000:208). The answer from some CHM practitioners would be that they have seen such cures, but sometimes the response to prayer seems to be very slow or people suffer for years and die from their illness and afflictions. There seems to be no response to prayer

that can be observed, but the conviction of many of the practitioners interviewed was that they believed prayer is always answered. A response from Sutton suggests:

We must have a methodology that reflects God's compassion and enhances the dignity of those we minister to. We must be mindful that we are dealing with the whole person, not a 'ministry opportunity'. When I pray, I pray with faith, but I cannot guarantee that a person's body will be healed. I can be sure, however, that the person before me is loved by God...I can promise that we will continue to journey with them whether there is an immediate impact, a gradual change, or neither (Sutton, 2018).

In these situations, where the unavoidability of death or progressive disease are not seen to be healed by prayer then the place of the CHM is to walk with people as they progress to their destination or live with their suffering. Woodward discusses the role of 'those who stand by', suggesting it is a role of friendship, and that Christianity has some abilities in this area that can support professionals (Woodward, 2008:169-170). (Tournier also saw that friendship as one of self-disclosure.) For the CHM, offering friendship and openness, conversation and sharing is an obvious role. Those who minister can invite him into the relationship, particularly for those who may have been rejected by churches because they have not been 'cured'. The interview narratives clearly show that healing is not always a visible phenomenon.

Those interviewed, some of whom had experienced unexpected and inexplicable miracles, were always prepared to be surprised, but generally expected to walk alongside a person and bring them close to the Kingdom. Through their experience they knew that the hoped-for rapid healing might occur, but were also prepared to walk slowly with people and in the company of Jesus. They knew that both were experiences of action and kept an open mind.

I think somebody I've spoken to along the way said you can kind of...you can feel when things...something suddenly shifts. You can just feel when God has begun that process, just sense it, but then it can then take time (AS).

Related to the eschatological discussion in the previous sub-section, the CHM practitioners point to their experiences to demonstrate divine action. Those of a charismatic expression are confident that God will heal, in the way of an interruption as explained by Tournier (1952; 152-3). CHM practitioners are confident; they have witnessed and felt the effects of their listening and prayer ministries and would argue that divine

action is tangible and sometimes miraculous. For them it was a glimpse of the Kingdom which reflected their eschatology, the future hope.

#### **4.2.5 Summary**

This section has focussed on some aspects of theology, language, divine action and the Kingdom, to further the discussion begun in the introduction concerning the understanding of the CHM. It has begun the process of identifying what contributions the empirical research has made to shaping and guiding this understanding. The operant theologies of the interviewees on the Trinity have brought some lived experience into the ministry practice, showing ways in which the three ways of God's being are experienced. The discussion on Scriptural language illuminates the breadth and depth of the CHM understood by practitioners, often captured for them in training in the word *Shalom*, and in practice referred to concepts such as deep healing and wholeness.

An additional word from those in the CHM on the 'what is going on here' question, comes from the focus group that comprised experienced practitioners (FG2). Having been asked the question about the nature of healing, this group spent their entire discussion time striving to articulate their experiences in the ministry. They concluded that there is a mystery that is bound up in the original, creative power of God through the person and power of the risen Jesus. They expect to and do encounter this phenomenon in their practice of the CHM, which is a matter of belief through experience and faith.

I think Jesus does come and meet people. I think a lot of that woman who touched Jesus- his cloak- and just reached out. And I think often in the CHM that some people are doing ...they're almost not quite sure what's going to happen when they do reach out, but they take that little step of faith and Christ does something...(FG2).

The next section's discussion returns to the structure of Tournier's themes.

## **4.3 Tournier's themes**

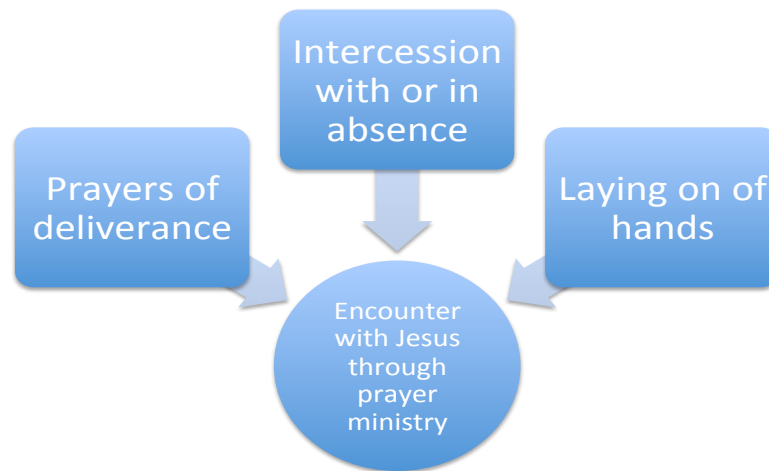
This section will discuss each of Tournier's themes in the order in which they naturally follow on from each other. It will also explore some associated subjects, such as miracles and deliverance. Section 4.3.1 is an extended sub-section as it discusses the understanding of the nature and experience of Jesus and the Holy Spirit in the encounter.

### **4.3.1 'The flash', the trialogue and encounter prayer**

This subsection continues the discussion on the aim and nature of the ministry by exploring the encounter, the 'flash'. It will consider the experiences of this encounter with Jesus and some associated Christology and pneumatology, followed by exploring enabling prayer ministry. In this context, prayer is distinct from the personal prayer discussed later at 4.3.3. (p155ff) .Further, emerging as a feature for the practitioners, there will also be a discussion on deliverance. Tournier's explanation of what it is and what it means to have Jesus 'in the room' has been described in depth in Chapter 1. It was a thread that ran throughout the interviews and is at the heart of the ministry. This sub-section will then consider how that encounter might be manifest in various expressions of the ministry.

I always think of him [Jesus] as the third person in the room. So being receptive is the main thing, not putting in our own agenda (AS).

Figure 6 provides a model to illustrate the approach in this section.



**Figure 6. The ‘flash’, the triologue and ways of praying**

*a) The encounter*

As discussed, the CHM draws its healing power from the risen Christ. There is much literature on Christology to draw on, and that selected for the discussion here is relevant for providing a theological framework for the CHM.

The CHM’s aim, as discussed above, is to bring people into an encounter with Jesus; the encounter prayer is described:

...Jesus is everywhere, filling the whole earth in every way, as Paul says in Ephesians, and so Christ is here. Now we all know that but what we want to do is encourage the person to engage with that presence of Christ and we specifically ask, what would they say Jesus is for them? (HC).

As the CHM is of the risen Christ, it is possible then to understand Maddocks’ explanation of Christian healing; it *is* Jesus Christ he claims, the bringing of a person into Jesus’s presence for healing; more than a healing of symptoms but the transforming power of the risen Jesus entering and meeting the person within (Maddocks, 1988:1).

The characteristics of the risen Jesus who is encountered are described by Webster (Webster, 2007:138-140):

...And so, infinity is proper to him. His aliveness as exalted Son is immense; no measure can be taken of it. Divine infinity is both absence of determination and unrestricted access to all created. The risen one suffers no hindrance (Webster, 2007:140).

This concerns the unique nature of Jesus who embraces all things and brings healing and grace. In his humanity he suffered and so continues to be able to enter human experience at the same time as bringing his infinite power.

Gaiser (2010) discusses an idea of Christ the servant in the context of healing. Using the narrative of the healing of Peter's mother-in-law and the subsequent verses (Matt.8: 14-17) referring to Isaiah 53:5 'through his wounds we are healed', Gaiser offers Moltmann's reversal of the idea of Jesus' lordship over illness. Instead, posits Gaiser. Jesus willingly takes it on himself so that we do not have to bear it; he is servant (Gaiser,2010:228 citing Moltmann, 1997:64-65). This is a subtle reversal of Jesus as conqueror of disease and suffering, to Jesus the bearer of our burdens (Gaiser,2010:228-230) and is significant when considering the subject of suffering and evil. These views are illuminating in the understanding of healing in the Bible. Jesus liberates the healed and carries their burdens, which was also his task on the Cross.

Using similar language, Cooke (2004) also writes of the servant, the extension of the creative power of the Word (John 1:1) as an aspect of what he called the 'theology of servant-power' that extends to divine activity throughout human history. Jesus' obedience to the Father is the power of self-giving service demonstrated by him (Cooke,2004:28).

A search of the empirical interview narratives for the word "servant", serve or serving did not reveal it being used in relation to Jesus, but rather in relation to themselves. 'The gift in you is to give and to serve for the common good' (CG). A search for the word 'power' was concerned more either with the work of the Spirit or the 'healing power' of Jesus. 'It comes from the resurrection power, but it's available' (CG). The experience of the practitioners seemed to be similar to Tournier's, that Jesus was a companion, a person and friend. Their practice necessitated keeping that relationship alive so they could call on him in their ministry, which all agreed was the work of God, manifest in Jesus and the work of the Spirit. For example, a professed Religious of sixty years who ministered faithfully in the CHM simply said 'I don't' heal' (NB), referring to his belief in the power of Jesus to heal, experienced through his own ministry of working with abuse, addiction and forgiveness.

This aim of encountering Jesus may also be viewed as a renewal, as restoration to fullness and as something of our original creation in God's image. In the words of the

retired doctor ministering with cancer patients and drawing on Ezekiel's River of Life (Ez.47: 1-12):

I think it's creative and re-creative and it comes from the Cross. It comes from the resurrection power. But it's available. And I think if we can be a channel of that love, then there's just no stopping (CJ).

Further Barth, writing in the context of grace and faith and on the Gospel miracles, created an image in his consideration of healing as a luxury, as the action of a surfeit of activity by the Holy Spirit, or an excess of God's grace. He described healing as a restoration of the whole person and a sign of the coming Kingdom of God: 'The remarkable particularity...like a single ray of light focussed on one point and piercing at this point what is otherwise an abyss of darkness' (Barth,1958:246).

This description has resonance with the view of Maddocks and could also cut through the wide discussion on what is meant by 'wholeness' and interpretation of New Testament meanings of healing. The phrase 'wholeness' is used often and understood in many ways in the CHM, a discussion about wholeness in the context of 'the person' is at 4.3.2 (p146).

The practitioners knew this; they all knew Jesus as the Son of God, the healer, and the source of healing grace and as one with the Father. If they had not understood and believed this they would not have been authentic practitioners in the CHM.

[Comparing with clinical practice] When I'm working with inviting Jesus in with someone who has faith, then it's not a representative. It's the incarnational presence of risen Christ. It's a very different dynamic (JN).

Tournier too sought the transformation of the person with the help of Jesus and the 'integrating force' of the Spirit. Perry reinforces that '...it is by the Holy Spirit that Jesus continues his saving and healing work among us...' (Perry,2000:18). He reminds the reader of the power of the Spirit at Pentecost and it is that same Spirit who provides comfort, love and is the power behind healing (Perry,2000:18).

Whilst seeking the healing power of Jesus, several participants also expressed their understanding that their ministry was enabled by the work of the Holy Spirit, who was mentioned frequently by the interviewees. There were several narratives of the tangible sense of his presence and power, recorded in the previous chapter. Additionally:

[On mindfulness] ...So that's why you have to focus on the breath thing. It's not just a distraction, it's a real thing, a real phenomena which is, as you say, is derived from the *pneuma*, the Holy Spirit. (PG).

I rely on the Holy Spirit whispering in my ear...(JA).

Rogers (2006) says two things adding to understanding the role of the Spirit. Firstly, he introduces the idea that '...the Spirit has an affinity for material things...' (Rogers, 2006:61) using a prolonged argument during which he explores the Trinitarian relationship to support the assertion, based on 'The Spirit rests on material bodies in the economy, because she rests on the Son in the Trinity...' (p62). He goes on to explain that Incarnation is the work of the undivided Trinity and so the Spirit, undivided, also plays a part in the corporeal. Rogers' discussion therefore illuminates the point that the Spirit is also involved in healing of the person [the body] through the Trinitarian relationship and at times, is felt very palpably by the humans involved. Some quotes from participants illustrate the enigmatic nature of this movement of the Spirit:

[On the Spirit]...You know, I'd have a sense that I'm saying the right things or that I'm resonating with someone, and, as you're praying, you're seeing in them movement maybe and things happening... there's been no feeling or emotion or anything but you come back to someone a few weeks later and they say gosh, you know, things have changed, things have moved, and God has I think answered a prayer in some way (AS).

But what I do know is that Aslan is on the move. And something is stirring deeply. And there's a sort of rattling or a movement. I had to formulate it. I don't need to analyse it but I just know God is on the move (CG).

As explained by all three of the research sources, an encounter with the risen Jesus is by its nature, an encounter with the undivided persons of the Trinity from where healing comes.

#### *b) Prayer in the encounter.*

Whenever Jesus was to be encountered, it was found that there was prayer involved. Tournier prayed in his encounters with people, before, during and afterwards.



This prayer was not of the meditative type that he practised daily, but one of intercession (Tournier, 1954:16).

The interviews identified two ways of describing the critical event of prayer that led to or occurred within the meeting with the person. It was named either encounter prayer or prayer ministry and exemplified at one healing centre:

We have a whole website, Encounterprayer.net<sup>10</sup>, about the whole thing and that's what we're trying to do when we minister. And what we find is that it engages people in a very deep level. ...for physical illnesses, mental illnesses, spiritual conditions whatever we find engages with them in a very deep way. That's how we see this, in the sense that we allow that whole person to come to Jesus and they can express whatever they want to (HC).

An explanation from a prayer minister:

... and they say the prayer ministry team will pray for you now. You just wait for the person to come...as soon as the person comes then I'm in that trio...the two of us, and Jesus praying. And Jesus has been there all the time. But then you really need him to be there with that person and then all the way through, whether they're quiet, whether they're talking, Jesus is there (LA).

There is a close relationship between intercession and the prayer ministry adopted by CHM practitioners and in fact, the latter could be gathered under the intercession umbrella. According to Hunsinger, intercession is directed to God when the 'right words' are not important; it is a conversation with God about anything that a person needs. She cites Barth, that 'prayer is not prayer if it is addressed to anyone but God' (Hunsinger, 2006:122 citing Barth,1960:88). Intercession can be in the absence of the person; this too is an aspect of the CHM.

This prayer ministry, which is a common CHM practice, is to invite Jesus into the encounter and form the 'trialogue'. This is the moment described by Tournier when the two people and Jesus are together; the 'flash'. Jesus meets the person at the point of their need, as explored above. Maddocks, a pioneer practitioner of this type of prayer, says the minister should think of the person, visualise them, consider their deepest needs, be positive about them and optimistic about God and his desire to heal. The minister is

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<sup>10</sup> <https://www.encounterprayer.net/> (last accessed 4/10/19)

effectively praying this prayer of intercession within the community of their fellow Christians, even when they are in private (Maddocks,1988:56-57).

Bonhoeffer believed that 'Intercession means no more than to bring our brother into the presence of God, to see him under the Cross of Jesus as a poor human being and sinner in need of grace' (Bonhoeffer,1954:86). This aim is at the heart of prayer ministry in the CHM.

Intercession, addressed to God, when in the presence of the person, is a moment of intimacy suggests Hunsinger, and this can be threatening or awkward (Hunsinger,2006:123). However, the practitioners interviewed, who were involved in prayer ministry, felt called to and were very comfortable with the exercise of their ministry. Putting the other person at ease was part of what they were trained to do and over time they became very experienced and at ease themselves. One person was comfortable to go out on the streets '...and I have a specific calling by God to do prayer ministry and healing ministry in the street' (CG)

Very often practitioners had prayed for the people they were to meet before the encounter, even if they did not know them. Some were minded to pray for the problem presented by the person and ask for healing for that specifically, whilst others (such as in encounter prayer), were more concerned about asking Jesus to enlighten the person on what he wanted for them.

It was during the discussion in FG2 that this time and experience in prayer was described as a mystery. The mystery is not only because there can be remarkable results, but also because asking for 'something' of an immutable God can feel unreasonable. If God is impassable then why would he answer prayers and 'change his mind?' Cocksworth draws on Barth's Christological focus of prayer and discusses the idea that God hears because it is Jesus who asks. Jesus is the pray-er on our behalf and is also the answer to our prayer. Cocksworth follows this conundrum from Aquinas through to modern day theologians who have and still do wrestle with the nature of intercessory prayer. Cocksworth's conclusion, which he offers as a contribution to practical theology, is that intercessory prayer is an exchange, a conversation with God. When made within a doctrinal understanding of providence it forms part of the development of our relationship with God (Cocksworth,2018:159-172). For the practitioners then, this time spent in prayer ministry develops their relationship with God, as does their personal prayer time.

Ward puts forward the idea of intercessory prayer as an extension of human freedom, acted upon by God in one continuous act of creation (Ward,1990:160). This continuous act, into which we are invited to join, can be imagined in Rublev's icon of the Trinity which creates a space for a fourth person to sit: this space filled by us or the people brought for grace and healing through prayer. This icon, with its space left for us at the table is often taken as the metaphor for a prayerful, Trinitarian encounter. Artistically, it creates a horizontal circle into which we are invited to join but it could also be the space where people in need of healing are taken and placed by their accompanier (Rohr & Morrell, 2016:28-30). Rohr describes the Trinitarian relationship illustrated in the icon as a 'divine dance' and so it could be understood that intercessor and their friend whom they bring, enter that circle of eternity and encounter God's love which can change and transform in our time.

Even the interviewee who did not acknowledge having a daily prayer practice said she would pray for the person she was listening to, sometimes asking them if she could pray in silence. This was also a practice of Tournier's '...Thus after a long silence, my friend began to say aloud what it was that God was requiring of him...' (Tournier,1954:16).

Practitioners acted on the belief that prayers are answered and Jesus was present even if they couldn't sense what he was saying. There were occasions when remarkable results were experienced:

[Describing the founder of a long-standing healing ministry] ... they came to that place and he explained to them about Jesus and then they were healed simply because he placed their hands on them and they'd come with some expectation (FG2).

I would say, for me, it's whatever the Lord wants to heal at that moment in time. ... it may be that they come because they've got a pain in their arm which is critical for them but the Lord might be looking and say yeah, but the pain of something else, emotional healing, he wants to deal with, and possibly in the course of healing the emotion and healing, the pain in the arm goes (JW).

Before leaving this discussion on intercession, the practicality of prayer ministry can be in the absence of the person, but usually, and most often in the CHM, prayer ministry is in the presence of the person and, in a healing service, can involve the laying on of hands.

Laying on of hands and it's not so much praying for that person, it's actually praying, speaking healing on them. So, I think it's not as involved but I know that there'll be people who probably need a different kind of prayer and that can be provided for them... (JN).

During the encounter there were different ways described by interviewees of laying on hands, perhaps on the shoulder to establish contact or to lay on hands on the body part needing healing, as Jesus sometimes did<sup>11</sup>.

### *c) Deliverance.*

Tournier did not focus on deliverance, but as it was a feature of the interviews it will be discussed briefly.

On occasions, interviewees came across a need for prayers of deliverance and in the extreme, exorcism (one of the participants was a licensed exorcist in the CofE, another had learnt through long experience in other churches). Perry distinguishes between the two ministries by referring to the distinction made by the Church over centuries between 'greater and lesser exorcism'. The former is concerned with addressing the demonic and casting it out in the name of Christ. The latter involves prayers to God to protect people from evil and, through the work of prayer, self-examination, the sacraments and pastoral care, is concerned with resistance to evil that is encountered in the lives of Christians (Perry,2000:178-180).

Broadbridge, who had many years in the deliverance and exorcism ministry, working with people with very difficult histories, wrote that deliverance ministry is an extension of healing, and exorcism an extension of deliverance. (Broadbridge,2016:134). He did train lay people in the 'lesser ministry' of deliverance.

For further definition, Michael Perry also distinguishes between the two as 'exorcism is a specific act of binding and releasing, performed on a person who is believed to be possessed by a nonhuman malevolent spirit' (Perry,1996:2). Clammer (2017) has examined in detail the liturgies available in the Church of England for healing, deliverance and

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<sup>11</sup> There were ways demonstrated of laying on of hands by interviewees that were mindful of safeguarding issues.

exorcism and draws on Perry (1996) in distinguishing between 'major and minor' or 'greater and lesser'. He advises that the need for prayers of healing and deliverance, or exorcism requires some discernment and correct use of prayers and liturgies advises Clammer (Clammer,2017:125ff).

Some of those interviewed expressed concern about their role in the deliverance ministry and would want to pass it on to someone with more training and confidence. There was, however, a sense that prayers for healing and wholeness include cleansing from anything that separates us from God. The 'lesser' role explored by Perry (2000) above is an aspect of prayer ministry and therefore the healing ministry. Sometimes those involved in this ministry were concerned with situations reflected by Abberton of claims of being possessed by demons and spirits plus dealing with the past effects of abuse, or activity in the occult or the possible complication of a mental illness by possession (Abberton,2017:63ff).

At least three of those interviewed talked about deliverance, all of them ordained clergy:

...because they have a deep prejudicial wound about Jesus and cannot separate him from their bad experience of church say, or if...this is rather an excessive example...they've gone through what we call some ritualistic abusive lifestyle...  
(FR)

And there's something within her and she told me about the things that she can't say, and I don't see her enough to talk to...I anoint her (NB).

... some of it was healing of memory, some of it was deliverance. I suppose it's really whatever came up. So, people would come and they were dealing with anger and whatever. And it's about asking, where did that come from and what's going on? I suppose the point being, God didn't create them to be angry, depressed and anxious or whatever, but God intended us to be whole. And it's really looking for what's going on spiritually and psychologically that's making them as they are (JN).

Whilst it seems that there is clarity around 'greater exorcism', which is clearly in the domain of those who are trained, and in the CofE and RC churches work under the authority of a Bishop, the term 'deliverance' seems to have various interpretations depending on the circumstances of the person being prayed for. It may be they need prayers for deliverance or protection from evil or unrest or perhaps they are in need of

what Clammer concludes may best be thought of as protection and peace (Clammer, 2017:175). Outside of such prayers this area of the CHM requires discernment and a referral to one who is properly trained, as it is not straightforward in terms of definition and resolution.

It is interesting to note that this was not an area on which Tournier had anything to say. It has been mentioned here as it has come out of the interview process.

#### **4.3.2 Medicine of the Person and theological anthropology**

This sub-section's underlying aim is to discuss whether Tournier's Medicine of the Person approach is an appropriate methodology for underpinning the ministry of healing. Relating in part to the discussion at section 4.2.2.(p127) on biblical language of healing and wholeness, it will consider literature on theological anthropology or the doctrine of humanity, which, according to Cortez and Jenson has become a significant area for contemporary inquiry (Cortez & Jenson,2018: 1). The subject will be discussed along with Tournier's account of the person, because his care for people was informed by his understanding of how they were made. The discussion will aim to construct a dialogue between Tournier's work, the views of the interviewees and the academic literature on theological anthropology in the related areas of *imago Dei*, the person and ideas of wholeness and God's purpose for us.

Beginning with academic literature, there is no shortage of writing on theological anthropology. According to Cortez and Jenson this subject sits at the juncture of many contemporary issues, including our increasing scientific understanding on human and social sciences. They write that theological anthropology has developed into its own subject area, identifying its main themes or concerns as the Creator and creatures, incarnation and human nature, salvation and the saved, and what it is to be human in relationship with God (Cortez & Jenson,2018:1-2). Burns, in the same volume, writes that theological anthropology '...investigates the resources, the limitations and the destiny of the human person'. He further writes that our present state is not the condition that God originally intended for us (Burns,2018:25). Westermann, in the context of the Old Testament writes that 'the human is a creature among creatures' and that modern man has seemingly lost that understanding; we now perceive ourselves in how we stand with nature instead, which we aim to rule over (Westermann, 2018:10). He writes that it is in the Old Testament

(OT) that we find the recognition of the break between humans and God, and that our fall into sin is so significant that our relationship with God keeps on deteriorating over history (Westermann,2018:18).

Tournier identified strongly with such a position of humanity's distance from God through the fall and sin. In relation to healing he wrote ' We have seen that disease and death are symbols of the disorder that has broken upon the world as a result of sin' (Tournier,1954:205). The fall and sin ran as a thread through his work, not as a judgement but as an act and state of humanity, which had inevitable consequences, and from which we cannot recover on our own. (Neither did he see disease as a punishment for the fall).

At the heart of this subject is that of being made in the *imago Dei*: there is some useful and developing literature on this biblical understanding from Genesis, that as people we are made in the 'image of God' (Gen. 1:26-28) the relational nature of the Trinity (Cortez,2010:18-26).

Cortez writes that this word image or *salem* is intended to project the idea that 'humankind is to be the reflection of God to the creation' (Cortez & Jenson,2018:73). As background, in an earlier work Cortez (2010) explores the biblical and extra-biblical discussions of the concept over the centuries and suggests three broad ways of understanding what it is to be made in the image of God. He extensively explores the possibilities of each one, but his ideas are summarised here. Firstly he considers the most prevalent idea, the structural interpretation: that we share some capability with God. This is most commonly thought of as rationality, but it could also refer to other features such as moral agency or self-determination. Secondly he considers a functional image, that we are representative of God and we 'do something' for him, such as stewardship or ruling the earth on his behalf. His third and preferred interpretation is relational. By this he means that we are related to each other, to creation and to God. Cortez draws on some biblical exegesis to suggest this potentially mirrors the relational nature of the Trinity (Cortez,2010,18-25).

Cortez and Jensen provide a range of readings on *imago Dei* from older and more recent theological thought (Cortez,2018:73-74). Cortez reflects that the understanding over the centuries has been that what we share with God is rational thought: the structural understanding. We have the capacity for reason and in this differ from other living creatures, but cannot compare with God's infinite wisdom of course; our capacity is merely a reflection. This strand of thinking was reflected very early on in the Church, by such

writers as Irenaeus and Gregory of Nyssa who described humans as ‘the rational animal’ (Cortez & Jensen, 2018:73-4).

Augustine however, presented a relational interpretation of *imago Dei*, that we reflect the unity and relational nature of the Trinity. We are made (male and female) ‘...to live out this relational ontology in love’. (Cortez, 2018:74). Barth shared this idea and further drew on ‘male and female he made them’ (Gen.1: 27) as particularly associated with being created in God’s image, so introducing a gendered aspect to in the *imago Dei*. (Cortez & Jensen, 2018:93 cite Barth, 2004:183-192).

Later writers of the eighteenth and nineteenth centuries focussed on the functional image, that we are to rule over the earth as representatives of God. Gunton, a later writer, concludes that we are stewards rather than rulers in this role. We are uniquely bound up in creation, but as the Creator’s creatures, finite who ‘...are called to acknowledge his creation by becoming the persons they are and by enabling the rest of creation to make its due response of praise’ (Gunton, 2018:116).

Horton, writing as a Reformed theologian, contributes to this discussion by suggesting that reason, linguistic ability and ‘moral agency’ also make us particularly and uniquely suited to be covenant partners with God. He posits that this covenant partnership has four characteristics. Sonship, which is seen most clearly in Jesus Christ, as is also our being a representation or the mirror of God’s divinity. We are also called to glory, the indelible mark is made in baptism; we represent the ‘image-bearing son’ and become prophetic witnesses as part of the covenant. All of these characteristics are in a Christological context as we share our personhood with Christ and he is one with God the Father. Horton concludes that being in the image of God is what he names as an ‘office’ for which we have been made capable and particularly and specifically suited. The reasons for our being made so are teleological, for God’s ends. (Horton, 2018:121-7).

Tournier’s understanding was that the person is of the temporal and spiritual world at once, created by God and in his image. His understanding of in the *imago Dei* was expressed in his thoughts on the spirituality of humans. ‘In the Biblical view, man is not the most highly evolved of the animals: he is a special creation of God’ (Tournier, 1954:123). He believed that the soul, the spirit, has been received from God, differentiating us from animals and is not a substance, but ‘...as a breath, a movement, an impulse, an echo of God’s voice’ (Tournier, 1954: 22). His reasoning, in a similar way to Horton’s, was interpreted to mean that God could call people to their vocation, and in that they become



the person God intended. Tournier's understanding then might be understood as embracing something of all three of Cortez's strands. He related to the Triune God at depth through his prayer life and in his praxis (Tournier, 1965:247). As discussed in Chapter 1, he wrote that people were not created as some higher form of animals but created by God in his image and thus are superior in conscious ability; humans were raised above animals by the development of mind (Tournier, 1967a:88). In his work Tournier displayed his understanding of a functional image, he lived out a vocation to help others in Christian mission as part of our covenant with God. 'Life under the Old Covenant had its majesty and awe...In the New Covenant, life personified in Jesus Christ come close to us...' (Tournier, 1954:236).

The interview narratives revealed only few thoughts on being made in God's image, but as there was not a question framed as such, this was to be expected. A search of the interview transcripts revealed three related references:

...but anything that's discordant with God and the way that he made you in his image really does need dealing with (JA).

But Adam's construction however that happened... it was clearly the joining of the visceral flesh and blood to the mind and the emotions to the spirit that made Adam who he was (WA).

[On the Biblical story of Gideon]...But actually, the whole conversation is to take him to an understanding of who he really was. And therefore, I think, you come back to our identity in God...(DE).

Although there were no other relevant references, and these are not explicit enough to form a clear picture of what was understood by interviewees, the normative and espoused theology of the participants was traditional and scriptural. Their prevalent practice of meditative prayer akin to Tournier's, and their deep involvement in the ministry of caring for people indicates they were concerned with the relational. The first quote above hints at the value conferred by being made in God's image; there was a strong conviction of the love of God for all people in the narratives which motivated their work. The second quote above speaks of the incarnate spirit given at creation and so there is an echo of a structural strand in understanding. Their sense of being agents or channels of God's work and the actions that flowed from that sense, reflected the way anticipated by Tournier and Horton. This will be discussed further in the conclusions.

On the second area, of being a person, Cortez writes that understanding the 'component parts' of the person is one of theological anthropology's challenges. He suggests that this is partly due to the complex terminology of the Bible, which at times implies an immaterial soul or spirit and a very material body and at other times suggests an indissoluble connection (Cortez & Jenson, 2018:129). In their volume *Theological Anthropology*, Cortez and Jenson present a range of thinking on human ontology through Christian history. How many of these aspects are present in the person and how they are connected has been a matter for great discussion from Tertullian to Aquinas and modern day theologians. Dualist thinking is generally rejected in theology as is any reductionist theory that rejects '...the values and functions traditionally associated with the soul' (Cortez & Jensen, 2018:130).

In a relatively new work, *Being Human*, Williams posits a number of proposals in this discussion. He makes a strong connection between our bodies and minds by drawing on some lengthy illustrations on how we learn with our bodies (such as playing a musical instrument) and the integration with the brain. He suggests we think with our bodies and our minds together through the way they are connected (Williams, 2018:49ff). This adds to Tournier's theories of the importance of balance in our aspects. Williams discusses the person as one who is made up of events and thoughts that happen through our lives and which is constantly changing as we react and act (Williams, 2018:28ff). Whilst Williams may not differentiate between the person and personage as Tournier does, the person described by Williams is the 'personage' described by Tournier, wrapped up in layers of events, but for both, this humanity was taken on by God in Jesus who '...takes our human nature...to the heart of God, and he speaks to God his father in a human voice.' (Williams, 2018:107).

Tournier's anthropology was enigmatic, as was his description of the person to whom he wanted to bring his unique medicine. However, he explained, it was biblically based (see 1.4 (p27)). It is worth repeating that whilst he used terms interchangeably, such as body, mind, spirit, soul, social, relational, he was careful to dismiss any dualist thinking, insisting that the person is a unity. Williams also explains that the person cannot be described by isolating the parts, but more by 'stepping beyond the bundle of facts' that defines humanity (Williams, 2018:31). Tournier's understanding was translated into how he approached people in practice. Listing the many mechanisms which he might come to understand in treating an individual he insists '... it will still be necessary to complete it

with a personal knowledge which is of a different order, the order of the person, not that of things' (Tournier,1957:187). Tournier saw the person as a union of body, mind and spirit and was constantly seeking to find the person within their original creation, in giving them help and healing. As explored in Chapter 1, this emerged from his early instinct as a physician that a reductionist approach to the treatment of the body and symptoms of illness was inadequate. 'We cannot see the 'person' by observing 'distorted and varied images of it' (Tournier,1957:21ff).

This fundamental understanding of the unity of body, mind and spirit emerged from his skills and many years of reading and practice '... we must explore...the very complex relationships which always exist between our personal problems and our health' (Tournier,1966b:5). The interviewees resonated with Tournier's approach, relating their understanding to the wellbeing of the person:

They're saying the body, mind and spirit, and I think it wasn't directed so much at physical healing- although people were healed... because I think you can't just isolate one thing. But it was much more about mind and spirit... And it's this idea I suppose, the idea that there's a strong hold in the mind or their spirit that's been caused by the abuse or whatever they suffered (JN).

... but we are complex, interwoven whole people and I absolutely agree that if there's a guilt thing going on or if there's a deep hurt going on that knocks everything out of kilter and that will have a physical effect, have a psychological effect and it will have a spiritual effect so deal with the thing that's out of kilter...(DE).

This discussion leads to one of the challenges found in this research, that the idea of 'wholeness' was both very important but also variable in interpretation among the interviewees. It was a word used to express the inexpressible, that the person is not just their apparent problem, but is deeper and more complex with many layers. Practitioners recognise that they hope to bring people to a place of deep healing. Although none thought about this in terms of 'anthropology', they understood that the person is complex and cannot be examined in parts in the healing process, because they are a unified being. They knew by training and experience that a presenting problem might be underpinned by

some other problem of guilt, mental health problem or unhappiness. Often and at its most fundamental level this understanding manifested in their practice of simply praying for the 'whole person'. Those with a clinical background or many years of experience and training, understood more of this complexity and interdependence through their knowledge and experience.

The responses to this area of questioning were not so clearly articulated as Tournier's theories, or any academic literature. 'Body, mind and spirit' was spoken of and there was a broad understanding of its meaning.

Well, I'm very convinced about the unity and the desired unity of body, mind and spirit; that God made us in that balance if you like. Sin was our downfall and so we're out of kilter. And as one of our clergy said recently... cure is temporary, healing is eternal (AS).

The expressions 'the whole person' or 'wholeness' are often used in training and explanation in the CHM. Indeed, the idea is used several times as fundamental to CHM in *A Time to Heal* (2000:1ff), but was mentioned only fifteen times in the interviews. However, related expressions of 'body, mind and spirit' had a much wider spread, fifty times across fifteen sources. There is an opportunity here to explore Tournier's more sophisticated ideas to develop the CHM, as some understanding of Christian anthropology may help practitioners understand their personal intuition and discernment.

And from a doctor interviewed:

I actually really believe that God wants people whole. And I don't think... I think you know God didn't create us to be someone with a little bit of mental illness or a large bit of mental illness. And he didn't create us to be crippled by illness. And I think that it's God's heart to heal people. And I think what church needs to wake up to it a bit actually (JN).

Whilst Tournier's work related to the idea of wholeness, he preferred the use of the word 'person'. However, he did write the following in *Creative Suffering*:

The body is an organism, a whole whose parts are strictly dependent on each other and upon the whole. Science however, being analytical, excels in the study of these parts, but is powerless to grasp the whole, the person. These doctors seek to heal the whole by healing the parts, whereas Jesus it seems healed the parts by healing the whole (Tournier,1982:44).

Tournier worked prayerfully to bring the person into balance, into equilibrium, his aim being a result of his experience that gave him the conviction that an absence of balance, be it physical, mental or spiritual, probably has an underlying cause.

I note the concurrence of psychological and spiritual facts (personal problems) and material facts (pathological symptoms) and from this concurrence I infer a causal relationship between them (Tournier,1966b:127).

Tournier's argument, albeit with his large armoury of caseload evidence and his recourse to 'intuition', would not satisfy contemporary, evidence-based science and medicine, so it may be of interest for followers of Medicine of the Person that there is a growing body of evidence which explores the psychological factors of ill health, sometimes although not always supporting claims such as Tournier's.<sup>12</sup>

Some contributions from literature on wholeness and its relationship to healing are:

'Healing is the restoration of wholeness..."O God, who restores human nature to yet greater dignity than at its beginnings" ...' (Guile and McManus,2017:xxxvi). For others it is defined as '...healing and wholeness through Jesus Christ' and '...the objective...will usually be the wholeness of individuals, but ultimately it will be prayer for the healing and redemption of creation.' (Perry,2000:xvi). Pattison notes that illness is complex,' ...a mystery which eludes all our attempts at comprehension and control' and should not be thought of in a one-dimensional way. There are practical caring considerations as well as the psychological and spiritual. Christianity is part of that complex relationship of healing with medicine (Pattison,1989:45).

Tournier further believed that there was a causation of physical and mental illnesses that needed a partnership of medicine, friendship and the presence of Jesus. During the interviews and the results analysis, it was apparent that whilst there was consensus that a person is a whole entity there was no description of an approach that was as extensive as Tournier's Medicine of the Person, or reached the depths he went to in understanding and reaching 'the person'. Perhaps this was because he created his own style, which 'cannot be taught' (Pfeifer & Cox,2007:41).

The experience of being with the whole person was reflected by one of the interviewees:

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<sup>12</sup> For example: <https://www.journals.elsevier.com/journal-of-psychosomatic-research> and <http://bjp.rcpsych.org/content/188/1/91> (last accessed 16/2/2018)

Not everyone...especially you know sometimes people may come with eczema or cirrhosis or something like that and you'll say 'so when did that actually happen/start?' And you know they won't have made the connection. Maybe they've been divorced or they've lost somebody they've loved. But you can pray into that situation and there's every chance that Jesus will heal them of the physical condition when the heart has been healed (GB).

The question of wholeness then is variable in its definition and understanding. However, it could be true to say that there is a consensus that not taking the total person into account when engaging in the ministry is inappropriate. The important point is that there is understanding of the fusion of the person that is more than a body.

Tournier's approach remained as seeking equilibrium in the synthesis of the aspects of the person, using his skills as 'an outstanding lay theologian, physician and psychiatrist, he has devoted his life to the study of human problems in a Christian perspective' (Tournier, 1965b:back cover). The CHM have taken on the idea of 'wholeness' in their ministry but Tournier was focussed on helping the total person, with the companionship of Jesus.

Perhaps the penultimate thought could go to Cortez on the matter of the make up of the person is:

"What is Man?" asks the psalmist. This is a good question...however the primary anthropological question is not the 'what' but the 'who' question. ...The human person is the one God determined to create in His image and likeness to be the bearers of his presence in the world (Cortez,2010:136).

From Tournier himself '...that all these things [theories] should not be taken as final, or even too seriously...' (Tournier,1965b:116).

Finishing with *imago Dei*, how we are made and considering God's purpose for making us with the capabilities and capacity to relate to him, this might be interpreted through the experiences of the practitioners and the conclusions of Horton, as our '...being suited by specific capacities as agents directed toward ends' (Horton,2018:127) . What this means for the CHM will be discussed further in Chapter 5.

### 4.3.3 Personal prayer and the use of Scripture

To be a person of prayer has emerged as an essential characteristic for practitioners in the CHM. The word prayer, the explanation and the experiences were at the centre of the interview narratives. There exists a large amount of literature on prayer and types of prayer. Of the two main 'types' of prayer discussed, this section is about the personal prayer of contemplation and meditation that is an expression of the faith and relationship experienced by Tournier and those in the CHM.

As explained in Chapter 1, Tournier was very familiar with the Bible and prayer. These were often conflated activities by a number of those met in the empirical research, so they will be discussed in this one section, but they are separate issues.

#### *a) Meditation and contemplation.*

Tournier's habit of praying in silence was an essential daily practice. He prayed, waiting for God '...to stimulate my thoughts sufficiently to renew me, to make me creative' and to avoid being St Paul's tinkling cymbal' (1986:13). He considered that this time in silence firstly helped him to see people's problems more from God's point of view, taking a notebook and writing his thoughts afterwards.

Cantalamessa draws on both Eastern and Western spiritualities to discuss the doctrine of indwelling but claims the mystics in the Latin Church have understood and practised this spirituality. He concludes that:

...the depth of the human soul [is] the place where the Trinitarian activity is mystically renewed: the Father generates the Son and together they breathe forth the Holy Spirit (Cantalamessa, 2007:35).

He is expressing that the divine relationship that is understood through literature is not only taking place in Himself, but can also take place in the depths of humans' souls when invited. It continues there and so transforms and strengthens.

Cocksworth also explores the model of Trinitarian prayer, using Paul's letter to the Romans, which assures that when we do not know how to pray, the Spirit intercedes (Rom.8: Cocksworth, 2018:14-17). Prayer within the Trinity is the focus for all prayer and especially perhaps, personal prayer, to root ourselves in Christian doctrine.

These ideas provide a Trinitarian context for the practice of praying in silence, which can take the form of meditation, contemplation or centering prayer; the point of all of these is intentional silence. There are many observations in the literature explored on the nature and effect of silent/meditative prayer. Cocksworth, listing the many types of prayer, draws on 'Origen and many others after him' suggests that 'prayer is not just any old human practice' but is actually a 'vastly complicated practice of God's into which we are drawn' (Cocksworth,2018:9).

Practices of prayer which can take the form of meditation, contemplation or centering prayer; are aimed at intentional silence. There are many observations in the literature explored on the nature and effect of silent/meditative prayer. Cocksworth, listing the many types of prayer, draws on 'Origen and many others after him' suggests that 'prayer is not just any old human practice' but is actually a 'vastly complicated practice of God's into which we are drawn' (Cocksworth, 2018:9).

Bourgeault (2004) differentiates the inner silence that can be reached after much practice from a 'lack of busyness' silence that all seek at times. The former comes from the regular and sustained practice of journeying to where God dwells, and what goes on in that place is only God's business. (Bourgeault, 2004:4-9). This type of prayer was practised by at least one interviewee, who described her practice as contemplation and slightly different from centering prayer but that 'the silence is God' (JW).

On this silence in prayer and meditation Muers (2001) considers the Cross, where Jesus' silence is God's silence. She suggests that the pray-er should be like that image of God, silent and patient (Muers,2001:91-92). Elsewhere Muers considers 'Why silence isn't doing nothing...' the title describing the idea that, in that silence God gathers us up in the 'complexity of creation' and so into His presence (Muers,2015:337). Bourgeault explains this as 'apophatic prayer', a silence into a place that does not make use of any of our faculties such as emotion, visualisation and memory. As noted by Muers, it feels as if nothing is happening but Bourgeault claims that it is using other, more subtle faculties, (Bourgeault, 2004:32).

Rowan Williams writes that contemplation is 'waiting on God actively' (Williams,2000:11). He also believes that it is effectively theologising (2000, prologue) as we are in communication with God and pondering on Him and His ways. Cocksworth agrees that prayer and theology are inseparable, describing prayer as 'kneeling theology' and that in conversation with the Father we are released from unwanted thoughts and engage in



theology (Cocksworth, 2018:39). He also reflects on the 'conversation' of prayer. It is not a 'to and fro' between the pray-er and God; instead it is a 'messy polyphony' of voices (Cocksworth, 2018:36). This relates to the earlier discussion on intercession; all prayer is a conversation with God that develops our relationship.

Webster reminds the reader that 'God is not summonsed to reason but vice versa; we are summonsed to God's ways' (Webster, 2003:17). He stresses the importance of developing spiritual habits that ask for the assistance of the Spirit and, once again, reminds the reader that the activity should be focussed on the Trinity. He posits that the Holy One is only encountered in the Trinity (Webster, 2003:9 ff).

Finally, Hunsinger notes, 'When we cease to pray we lose our living connection to God' (Hunsinger, 2006:116) and so it would seem that contemplative prayer particularly, is the way to develop our relationship with God in the depths of ourselves and it also helps to 'hear' his voice and better understand what he wants of us, however called.

It is not surprising then that Tournier found meditation expanded his mind, his 'field of consciousness' as he entered a dialogue with God during his silent habit (Tournier, 1965:247). Tournier's meditative type of prayer was different in that he was afterwards able to write down his thoughts from the time spent in silence, whereas the contemplative will speak about there only being God in the silence and no thoughts. Tournier may or may not have experienced the same in silence that has been described here and the interviewees will have each found their own ways. The common theme was one of relationship with God.

Some interviewees combined their prayer types, moving from contemplation to intercession. Here it is expressed by a person experienced in prayer, with a daily, extended prayer time:

Yes, we do the Office and we say a lot of Intercessory prayer. \*\* prays over our family by name.. So, we prayed about that [a course] and this meeting today. Then we have some personal prayer for an hour and in that we do, well I do have some meditation in that. Mind you have to say sometimes I'm really distracted but whatever I've promised to give to the Lord I give (GB).

It can be assumed from the interviews, Tournier and literature that to be an effective CHM practitioner, a personal prayer life is essential. As one interviewee said, if they are to

know the voice of God then they recognise it through their own relationship with Him, developed and grown in their prayer life (GB). From another in a reflection group:

Through prayer the scales can fall from our eyes and we can see. Scripture is also a focus... Much prayer is humdrum but for clergy it is a job- bound to do it.

Sometimes it is ecstatic and enlightening... It's ok for it to be humdrum and not always good at it but it's important to keep it up or we can become dry. [It] needs to be habit forming (FG1).

Finally, on personal prayer, Hunsinger points out that those who offer pastoral care will burn out if their lives are not based on a prayer life. (Hunsinger, 2006:119). Maddocks agrees describing prayer as the 'propelling force' and 'the healing stream' on the human journey (Maddocks, 1986:97).

#### *b) The use of Scripture.*

The use of Scripture and the various subjects of prayer are closely associated. Often Scripture will be used abundantly and with enthusiasm. For those ordained or who had chosen to be made familiar with the canon of Scripture through some formal study, their use of it was methodical. There was a practice among some CHM practitioners to wait for a word of Scripture and deliver it into the prayer ministry.

Because the Holy Spirit sometimes, well quite often I'd say, will give me a Scripture. And he'll tell me that chapter and verse and I'll look it up (JA).

The quote above is typical of some of the interview narratives where it was interesting to find that those who had some training and formation in Scriptural studies were far less likely to quote scripture unsystematically, or even at all, in contrast to those who were self-taught. This does present a risk as the potential for autosuggestion is heightened when a person is vulnerable and seeking a word, or is feeling desperate. They may fix their hopes on something that is out of their context. This is an area for development and will be discussed further at 5.2.3 (p195).

Tournier however, knew the bible intimately; he had made a study of it for many years. He adopted a very particular approach to the Scriptures that their only object is to point us to life and death through the life and death of Jesus. As was written in Chapter 1 (1.5.1,p43), drawing on '... we only understand life and death through Jesus Christ and so

we need the Scriptures whose sole object is Jesus Christ...' (Tournier, 1954:17). The Bible, Tournier believed, shows God's purposeful work from creation to the Incarnation to Christ's death and resurrection, containing a unity and harmony from beginning to end. He believed that we can therefore only really understand life (apart from science) through the Scriptures and that although it is full of contradictions and complexities so is life and so it is a 'mirror of the human heart' (Tournier, 1954:17-19).

Bennett describes this slightly differently, as 'a key function of the Bible is to render a person to us, Jesus Christ'. That person has come to challenge us and therefore we must be prepared to be challenged, and surprised. (Bennett, 2013:96). Our lives, she suggests, influence how we interpret the Bible and in the Bible itself '...the text of Scripture is subordinate to the text of life' (2013:20).

Within Bennett's aim and context, a more structured and purposeful use of Scripture is then recommended for CHM practitioners. There are three approaches from some academic literature that could form a basis for such development of the understanding of Scripture.

Firstly, Webster writes in the context of Scripture and resurrection and proposes that the Bible should be read and interpreted out of the resurrection of Jesus Christ.

Scripture is to be read as what it is: a complex though unified set of texts through which the risen Christ interprets himself as the one in whom the entire economy of God's dealings with creatures has its coherence and fulfilment (Webster in Lincoln and Paddison, 2007:138).

This fundamental reading of Scripture Webster referred to as ontotheology and proposed we need more not less of it (2007:138). Elsewhere he proposes that the reading of Scripture should be in the quest of seeking holy reason, taking place within the fellowship of the Church and with a focus particularly on the Gospel. He reflects on Barth's view, that if theology was solely about teaching of God's actions it would be metaphysics, or if only about a person's reaction to God it would be mysticism but agrees with Barth, that it is hearing the Word within the influence of Holy Spirit which is informing and theological (Webster, 2003:1-7).

Secondly, Bennett speaks of the texts indwelling in us and us in the texts. In an echo of Tournier's work she considers that imagination and comparison might play their part in understanding how they relate to life today (Bennett, 2013:78). This and Tournier's approach seem appropriate to the aims of this project where Scripture provides life and meaning to the CHM.

Lastly Hunsinger recommends using Scripture for praise and thanksgiving, even in times of difficulty and hopelessness, describing its use for such in pastoral care. In a similar vein to Tournier she too speaks of 'patterns of meaning embedded in a life story' emerging as ministers meditate on problems in the light of Scripture (Hunsinger:178-182).

Whilst it may challenge the habits and praxis of some, the appropriate use of Scripture is an area for further development for CHM practitioners.

#### **4.3.4 Listening and friendship**

Listening is the first step in the CHM, even if it is brief listening before prayer and laying on of hands. Collins (Collins, 1973) records how Tournier learned to listen and recommended it to doctors as an addition to applying their technical skills and spiritual concerns (1973:55-66). Collins surmises that the characteristics of a good counsellor are patience, good listener, giving confidence and hope and that Tournier developed these habits (1973:67).

Tournier's Medicine of the Person pivots on what is known as 'person centred care' today and listening; understanding the needs of the person is a key part of that concept (Attwell and Fulford, 2007:85). His methodology was to listen, to unravel underlying issues, believing that they might be underlying causes of illness and disease (Collins, 1973:117). That could not be done without listening and in Tournier's case, extensively so. There is no lack of literature from practitioners on the efficacy of listening and guidance on how to approach it. Tournier wrote '...for it is only found by listening to oneself to God; but the doctor helps by giving him and opportunity of talking...by bringing him the witness of his own experience' (Tournier,1954:181).

Dunn (1983) aims to demonstrate that listening has Biblical echoes by describing how she became a Christian listener. Drawing on OT and NT Scripture verses to support her theory, Dunn cites the book of Proverbs, perhaps sometimes taking them out of context, but for listening one which does resonate in this context is 'The purposes of man's hearts are deep waters, but a man of understanding draws them out' (Proverbs 20:5). Jesus, she claims, listened and enabled people to talk. There are Gospel narratives that illustrate some of these occasions. For example, the Samaritan woman at the well (John 4), claims Schneiders, is having an intelligent and theological discussion with Jesus. Schneiders posits that the woman is interrogating him in the context of Samaritan theology to ascertain if he

is the Messiah and that the conversation is really about the covenant with Israel and Samaria (Schneiders, 2003, 140-141).

Other Gospel examples include Bartimaeus, the blind beggar who called out to Jesus from a noisy crowd and received attention: Jesus stood still and said "call him here" before asking him what he wanted, and he listened to him (Mark 10:49-51). Nicodemus changed his mind, or came to a new understanding, after a night-time conversation with Jesus (John 2:23-3:21). There must have been some mutual listening for a change of heart through a conversation. A quote from the interviews from one with an expressed gift of laying on of hands comes to mind:

So, for me, listening, modelled on Jesus, is that enabling of people to open up at depth, both to share and to receive. For me the classic example is the leper in Mark 1 who cries out to Jesus "if you're willing, if not, if you are able." And knew Jesus could heal, "can you heal me?" When Jesus said anything to him, he said, "I am willing." He used the leper's own words verbatim. It's the only example in the entire four gospels of Jesus using this model of praying. And you have to ask yourself is it deliberate? Was it on purpose or accidental? No, it's of course...it's on purpose or what's the purpose? And I think that in reflecting back in his actual praying the words of the leper it tells him I'm listening, what you have to say is significant for me (FR).

It would be an omission not to discuss the work of Revd. Anne Long in *Listening* (1990) who developed the Christian listening programme for Morris Maddocks over some years through extensive research and practice. Christian listening is not about learning skills, Long asserts, but should be thought of as a 'foot washing ministry' of service, which was demonstrated daily by Jesus. She reflects that it is about attitude, making time available and the showing of compassion. Long describes the giving of time to listen as a gift, demonstrating hospitality and offering healing. The offering of space to change and find answers is an act of hospitality suggests Long and it is in that space that Jesus can come and heal deep places of hurt. Long observes that there are three people present, the person, the listener and Christ (Long, 1990:35ff).

Quotes of the interviewees reflects this:

This was what I see going on is the process of listening. It helps to open the gate, the door. Somehow or other something opens (PM).

Absolutely important, the talking. And the reason that that seems true is because when people are burdened with problems, they tend to think that they're the only one that's going through it (PL).

But also, Christian counselling, again, it's listening to what is being said and I actually believe in those kinds of situations that half the healing comes from listening...Jesus can do amazing healings (GB).

Hunsinger agrees that listening is a pastoral activity and is indeed a first task of those who minister. To allow someone to explore all their feelings of fear, doubt or remorse requires wisdom and discretion (Hunsinger, 2006:169-70).

A few practitioners did not, personally, find lengthy listening fruitful. They wanted to reach the point where they heard God:

I think it's important to hear what the issue is but I think it was more about listening further- enough until they can tell you what they're feeling but actually not wanting every detail of what happened is more about saying, so you have an understanding of what has happened to them or what they're feeling and then actually saying that's fine, so we actually want to listen to what God is saying (JN).

There are resources available for training on Christian listening that differs from other secular training approaches. Christian listening differs from 'secular listening' in that it takes place in a prayerful context, and through the work of the Spirit and by listening to God is open to an encounter with Jesus. In addition, 'opening a door' allows God to bring about a change. It also demonstrates a love and respect of the individual as demonstrated by Jesus in his ministry.

Some in the CHM use skills of counselling and psychotherapy. There are secular and Christian training courses for both. However, drawing on the work of well-known pioneers of psychology, such as Jung and Freud, Hunsinger raises caution about psychotherapy as different from the message of confession and forgiveness in the Gospel. There are multiple layers in the human soul she says and there is a difference between being listened to in a confessional way, with the pre-knowledge of grace and exposing oneself to hours of unravelling and human understanding (Hunsinger, 2006:170-171).

Others would disagree with Hunsinger. For example, the Priest/psychologist interviewed, in explaining his premise that traditional psychological treatment is needed

before any spiritual issues are effectively addressed . Another, a qualified counsellor commented:

None of us are psychologists. Some of my team are very qualified counsellors but we're not working as counsellors. However, there is an overlap between the two disciplines. You're giving people time to tell their story and then you're asking them what they want in prayer and you're asking them what's most important aspect of the story they've been sharing- what they want prayer for. Often, you're signposting them. I might see somebody and say "Have you thought about going to your doctor? Have you thought about seeing a counsellor?" (AK).

And from the psychologist:

Also, as part of the work [previous research], was to try and understand some of the clinical features that might present to an individual in terms of like a formator [selector for priestly ministry] where they make a mistake between thinking that something is a spiritual problem when in fact it's not a spiritual problem, such as depression for example...(PG).

Whilst Hunsinger has a point to make, listening is not always enough for those with deep problems. Counselling should be a safe practice when regulated and Christian counselling or psychotherapy have their place in the CHM.

... where I see the medicine and health are not competitive, but partners in the care of a whole person. And therefore, for me, therapy, listening, counselling, medicine, psychotherapy are not rivals, but part of the process (FR).

Tournier was a counsellor of the Christian kind. He said in his explanation of his approach:

But to treat the patient and not the disease means penetrating into these personal problems, which our patients often hide from us in order to keep them hidden from ourselves (Tournier,1965a:6).

Rose (2002) on this subject of prayer and counselling posits 'mixing faith and counselling can generate anxiety about whether one is being sufficiently professional' (p42). She then explores in her book ways in which prayer and counselling can be combined, one of her messages being that there are different approaches depending on

the counsellor and the person. At times the prayer might be before, during or after a consultation, in a focus group but needs to be acceptable to both parties (Rose, 2000:76ff).

Lynch explains that in the counselling relationship there is a question of control and power which, ill-used, can be very damaging. This is why, he explains, the question of boundary is so important and is built in to training and supervision of professionals in the practice (Lynch, 2002:61ff). A person seeking help is potentially very vulnerable and so that distance protects all parties. However, in exploring 'friendship of virtue', he cautiously suggests a middle way where this mutual relationship could be a model for pastoral situations where both parties show regard for each other and neither tries to control or abuse the other (2002:79ff).

Listening is a necessary component of healing; it provides the foundations for ministering to a person. There are some practitioners who have a calling and are skilled in Christian listening, where they are listening in a prayerful way, listening to God. They may also ask the person if they would like to pray, or just be silent in prayer. This is the difference between Christian listening and any secular listening model. It is the first step in healing.

#### **4.3.5 Guilt, sin, forgiveness**

Tournier perceived sin and guilt as two different problems for people. As was noted in his Biblical anthropology, he firmly believed that humans became separated from God after the fall. Therefore sin, that which separates us from God, is the current state of humanity but which can be and will be redeemed through the death and Resurrection of Jesus. On guilt, as discussed at 1.6.2 (p49). Tournier believed that there are two types. One is false and has often been planted in us as children.

The other type as Tournier saw it, is true guilt that comes from knowing deep within us when we turn from God and do not rely on Him (Collins, 1973:185). This may seem outdated language in a largely secular world, but guilt can be destructive and cause mental and physical problems in any person. The view of Tournier and, in various and interesting ways, agreed by many of the interviewees was that problems of sin and guilt create stumbling blocks in our relationship with God and our ability to heal. Practitioners agreed with Tournier, also not being concerned with remonstrance, but with people being able to



talk about the actions they regret, that hold them back from reconciliation, and move them on to healing.

I think that's more common than we think is you know our culture, you know in 2018 we don't like the concept of sin and the concept of personal responsibility and guilt but it is, it is age is as old as mankind is, humankind is. And I was talking to a group of psychiatrists saying the majority of their patients who have you know everything from severe to mild depression, psychosis, somewhere in this story there is an issue of guilt that's never been resolved. And you know one of them said 'that's your business isn't it?'(WA).

And then as soon as they realise that they can forgive with Jesus forgiveness, it just becomes easy, and the whole thing, it just changes...(NB).

Tournier described the disobedience to God one of 'violent oscillations' in life. He believed there is a 'natural regulator', the conscience that which returns us to God's grace. He described our wanderings as *Felix culpa*, a happy fault that gives an opportunity to return, suggesting that this gives our lives true meaning to wander and come back (Tournier, 1954:144).

Further he was concerned not with sin, but with the impact of guilt on a person in illness, unhappiness and in the spiritual side of ourselves. He believed that our separation from God was an inevitable part of our human nature but always redeemable, the merciful God was ever waiting for our return (Tournier, 1962:9).

Wilson (1966), discussing sin in relation to illness, writes with a similar understanding speaking of the importance of setting people free:

'It is not uncommon to find pastors who recognise only the element of responsibility in sin. Then instead of setting men and women free, as Jesus did, they add a burden of guilt to the sick...' (Wilson, 1966:43).

There is both secular and Christian literature available on the psychological impact of forgiveness. Relevant to this research is a recent study by Fincham and May (2019) who studied a cohort of young people on the psychological effect of self- forgiveness and Divine forgiveness. They concluded that 'Divine forgiveness also moderated the relationship between self-forgiveness and psychological distress in that perceived forgiveness by God was associated with fewer depressive symptoms at lower but not higher levels of self-

forgiveness' (Fincham and May, 2019:abstract). They also suggest that understanding human behaviour means 'tackling difficult questions at the interface of religion and forgiveness' (2019:844). This is only one example of a recent study that supports the early work of Tournier and is available for the CHM's understanding in this area.

Helping others to access this forgiveness is a role for both laity and clergy and the route to this depends on Church tradition. Before visiting that practical application, some theology of Barth and Hunsinger is helpful. Barth claimed that the forgiveness of sins and 'the resurrection of the flesh and eternal life' cannot be separated. These actions, events, are interconnected. 'Every day we ought to begin...I believe in the forgiveness of sins' believed Barth (Barth, 1949:140ff). Taking Barth's point and placing it into the practice of Christian healing, this forgiveness is more than a catharsis brought about by talking about the sin, or 'getting it out there', it is a real event brought about in the Cross and Resurrection of Jesus, whilst the need for *metanoia*, to turn around, change our minds is a key part of the process.

Hunsinger, also citing Clebsch and Jaekle who posit that the ministry of reconciliation is one of pastoral care's basic practices, considers that as 'part of Christ's atoning sacrifice' the ministry of reconciliation is a central pastoral activity (Hunsinger, 2006:156-7). She further describes that sin is spiritual; it is first against God and then human relationships and concludes that any problem in the latter is a sign of a rupture in our relationship with God. After a lengthy exploration of the theology of sin, Hunsinger offers some pastoral tools: the pastoral practice of listening to self-blame, guilt and prayers of confession. All this, she too says, takes place at the foot of the Cross (158ff). There is a strong theme running through these given examples that the Christian tradition and understanding of forgiveness is an event which occurs in a reality, that of the Cross and Resurrection.

Closely related is the recurring theme of forgiveness of oneself and for some, their abusers of whatever had ruptured their lives. CS Lewis said that he thought forgiveness was probably the most unpopular of the Christian virtues, narrowly beating chastity. Forgiveness is a 'lovely idea' until there is something terrible to forgive he said, citing the Second World War and its atrocities (CS Lewis, 2012:115). Today we could refer to abuse of the vulnerable and young, especially abuse from the Church.

Broadbridge whose healing ministry of many decades was with people with very difficult pasts writes that healing is simply God's love flowing through and healing us. He believed that the first love is to know that God loves us and then to love ourselves. He

estimated a large percentage of the people who come to him for healing do not love themselves. Through a process of inner healing that he described, then forgiveness of oneself can be reached and healing begin. Those attending these workshops or for individual care are often victims of abuse of one kind or another, and have no self-love and often false guilt (Broadbridge,2016:30ff).

For the CHM, helping and directing people for help with guilt and forgiveness is a primary role, particularly in helping people to move forward on their journey. The view of the interviewees was that guilt inhibits and prevents people from being healed through their relationship with God.

...I suppose we'd see the confession as a time. We'd spend a little bit more time on that maybe, for people to make their own self right with God before a time of healing prayer...(AH).

#### **4.3.6 Suffering and acceptance**

Suffering is a feature of the created universe in which humanity exists. For some it is major and life changing. As was said at the beginning, this thesis is not a theodicy but has the aim, inspired by Tournier, of looking at practical ways of approaching the problem.

In this section there will first be a link with the suffering God before some consideration of how to help people who suffer.

Firstly, Moltmann, as has been said earlier, makes sense of the suffering of Jesus through the Resurrection, which is the centre of Christian theology. In his incarnation Jesus was born for the passion of the Cross and it is in that suffering and then the victory of the resurrection that he fulfils his incarnation (Moltmann, 1974; 204-205). Fiddes, who draws on Moltmann asks if we need to believe in a suffering God to understand human suffering. He proposes that the suffering God offers the opportunity to share in our suffering and cuts away somewhat at the idea of a cruel God. The idea of free will also has to be considered. Fiddes, drawing on Moltmann's conclusion that suffering began in the beginning with Jesus the logos, posits that whatever the reasoning, God is responsible for suffering. He allowed it into creation but suffers in compassion with his people (Fiddes, 1988:31ff).

Tournier purposefully did not explain suffering: he knew it existed as he had experienced it and seen it. He proposed a way to address, or even embrace suffering by

acceptance and offering it to God. Arguing against a stoical attitude to suffering, or Freud's severance from the problem, he instead said:

Anyway, for me it is the intimacy with Jesus which commits me to active acceptance, because it is in suffering that I especially perceive his nearness, his presence, his participation in my life (Tournier, 1982:90).

Clarke in a context of the 'UK Medicine of the Person' group memoirs (Gray and Gray, 2019) remarks that Tournier's written insights on suffering and acceptance are many. Tournier saw that progress in this journey of acceptance depends on help from others- friends as well as those who minister. He also knew that suffering, when offered to God, could bear fruit. However, he concluded, this decision cannot be reached by reason, but by an inner journey that can take a long time and is helped by God's grace (Clarke, 2019:62-63).

The practical research supported this, expressed in different ways by the participants, usually by an example of someone who was blocked from moving forward because of lack of acceptance.

So, we're not responsible for the things that are done to us. We are responsible for how we react to them (JN).

I believe that God takes that and turns it around so you begin to help other people who have been in that kind of situation and relationships (GB)

In his book *Twenty Questions about Healing* Maddocks addresses the question of the inevitability of suffering and 'why God allows it.' In considering it alongside the question of whether God sends illness and disease, Maddocks recalls that Jesus is recorded as having said three times in Mark's Gospel 'the Son of Man must suffer' (Mark 8; 31; 9:31; 10:33). Maddocks concludes that Jesus, reading the Old Testament texts and seeing the environment in which he existed as human, knew he would have to suffer before he could triumph over the powers of darkness. God does not send suffering concludes Maddocks, but uses it, redeems it. (Maddocks, 1988:25-27.). This resonates with a point made by Tournier, that Christianity is the only religion to present a God who suffers. He suffered through his own life and death and continues to suffer with each person and this is the comfort that the CHM offers to those who suffer now (Tournier, 1986:85).

With a similar message, Hunsinger, reflecting on post 9/11 trauma and her personal response, remembers being in a daze for some time. Then the words from the apostles Creed 'He descended into Hell' spoke to her. She cites the psalms and sees that our despair is as one with Jesus' cry of lament to God. She uses an example by Wolterstorff, who, like Jacob, wrestled with God. After the death of Wolterstorff's son he bore the wound of that battle and the knowledge that he 'should set his face to the rising of Christ from the grave' as his hope, if death and evil were not to win in his struggle. These and other paths of suffering and loss are difficult to walk, keeping faith and not falling into despair. Hunsinger posits that participating in 'the mystery of participation, *koinonia*' is a role for pastoral care as caregivers walk this journey with people (Hunsinger, 2006:153-155).

For a practical response and one which resonates with Tournier's, Swinton offers a 'practical theodicy' instead of one of the intellectual kind which, he posits is of no real use in helping people. He advocates the 'reframing' of evil in the light of the Christian God by revealing the ways in which the all loving, all powerful triune God responds to the presence of evil and suffering in the world' (Swinton, 2007:84ff). By using specifically Christian practices and acts we can resist evil. We should practice 'gestures of redemption' that are of our Christian love for God and our fellow humans and resistant to evil. His proposals have resonance with Tournier; the CHM exemplifies this resistance and Swinton's ideas are worth further development and research. They will be taken into the next section as an example of the importance of church.

Swinton's proposals on reframing and resisting evil and suffering are Church based. The Early Church, he posits, created communities to resist suffering. Church today can do the same. 'The tools of practical theodicy are the particular forms of communal, ecclesial practices that are inspired by the Holy Spirit and are intended to reflect and embody aspects of and responses to the redemptive actions of God in, to and for the world' (Swinton, 2007:85). By practices of lament, forgiveness, thoughtfulness and hospitality, Churches and small groups in churches can resist evil and suffering.

#### **4.3.7 Church and community**

This section will consider where the CHM may best be practised and where people are best supported.

Therefore, let him who until now has had the privilege of living a common Christian life with other Christians praise God's grace from the bottom of his heart. Let him thank God on his knees and declare: It is grace, nothing but grace, that we are allowed to live in community with Christian brethren. (Bonhoeffer, 1954:20).

Tournier believed that community and society were very important for the healing and progress of a wounded person. He knew that Church was probably the best place but he felt that any community was good for 'a laboratory of mutual support and encouragement' (Tournier, 1982:95). Here he calls us to practical action:

When I use the word Church, I do not mean a vague and abstract idea, but each one of us Christians, all participating in this great schism between the spiritual and the temporal. We piously preserve the spiritual truths of the gospel, but we no longer see all the practical demands they make upon us in our material and professional life. (Tournier, 1965:158).

Tournier believed that Buber, who was an influence on him, had identified the difference in not only "I-Thou" but also in finding a 'Thou-place' rather than an "it place". This is a community where people feel they really belong. Not only are people searching for that belonging but Tournier echoes Buber's view that a real community is a place where we meet God (Tournier, 1968:13). It is important, as with any relationship, urges Tournier, that a community is constantly replenished and revitalised (p14). There are two aspects here: the best place for people to be supported and the optimum place for ministers to practice.

Interviewees, from different denominations and experiences reflected on how Church can be a support.

The support of a community in times of trouble is palpable; we can feel the prayer and support. So many hands, feet and shoulders it is overwhelming and may draw us into deeper service. Those who suffered much have not always prayed for healing but committed themselves to God's grace (FG1).

It's an environment where there's faith or love. It's where people feel loved and secured, where there is faith and the faith for the person like I'm approaching you in a sense that I believe God is going to do good because that's who he is. And he intends good for you and there is hope and he's at work here, that kind of sense of faith. And practical support and an arm around and you know giving them attention and helping people feel, this sounds like perfect and it would be very nice if all run like that (GE).

The interviewees agreed to one degree or another that people are best supported by a community of some kind. Perhaps a secular one but several felt that a Church that was supportive and safe was the optimal place. FG1 had strong views that Church was preferable (3.3.3 p112). The leaders of healing centres felt that a church would be preferable to continued and total dependence on such centres, to develop independence.

Wilson concludes that Church holds people together in Jesus, who do not necessarily choose each other, but are held together in 'unity not uniformity...' This fellowship, he suggests, is based on mutual forgiveness and acceptance (Wilson,1966:21).

#### **4.3.8 Universalism, who can be helped?**

As has been found in the interviews, the practitioners believed that people of all faiths and of no faith encounter Christ in the CHM and, in the same way as Tournier, felt that Christ's mercy was available for all people.

It seems to me that the Bible gives a clear answer. The God of the Bible is indeed a universal God, but he is a God who nevertheless chooses places in which to reveal himself to men... (1968:45)

Universalism is mainly concerned with who can experience Christ's saving work. Is it just those who turn to him, or a few or all people? Barth in *The Humanity of God* made three points in the case for universalism, being careful to say that they could not be used to indicate his being for or against. In summary and firstly, the idea of universalism is not to be feared because secondly, being mindful of Col.1: 19 that God resolves, through Jesus 'to reconcile all things'. Thirdly, rather than take notice of the fundamentally legalistic minds of some theologians, we should adopt an 'unsuitably, cheerful indifferentism'...' not setting any limits on God's friendliness to humanity' (Barth,1961b:59-60).

There is a distinction often drawn between two main types of grace. This is explained by Kim-Van Daalen (2012), who describes the idea of common grace and what she terms 'special grace' (others might refer to it as saving grace). She writes: 'The concept of common grace provides insight into the mystery of goodness in and through people who have turned away from the Creator God...The term common grace itself is not literally found in Scripture, but is certainly implicitly present' (Kim-Van Daalen,2012:230).

For the practitioners, whilst the question of Tournier's possible universalism might have been a challenge to some this distinction and an understanding of their operant and espoused theology might help explain what they are experiencing when they encounter and respond to the Rabbi who saw Jesus on the sofa, the delivery van driver just passing through the healing centre or any other person who asks for help. Whilst they may feel a tension between what they believe in their Church community and what they experience, if the two ideas of grace are acceptable it would help in their practice.

Cooke (2004:28) posits that 'a pneumatology that attempts to limit the functioning of the Holy Spirit to any specific religious faith or activity in humans' lives is truncating the influence of God in human existence.' Cooke thus implies that if we pray in hope in regular intercession for God to transform the world then that, of course, includes humanity and acknowledges God's ability to change peoples' hearts.

The CHM practitioners have not and would seem not to want to turn anyone away. Perhaps it is in the asking that people begin their relationship with Jesus. 'I would let them do the talking and see where I could find a way in from what they are telling me' (JW).

God can heal. But as believers and nonbelievers he certainly did in the Bible. But I think there is a point of where if you are saved, as Christians would say, if you let Jesus into your life and you have that complete forgiveness of your past, there is a door open to receive healing...(JA).

Given the experience of practitioners, this is a further area on which to keep an open mind and minister where and to whom called.

## **4.4 Practicalities**

### **4.4.1 Safe practice**

In Tournier's time the fears about safeguarding were not as they are today. He would have practiced under some code of medical ethics of his time (see Chapter 1) but as is publicly known, churches and other areas of public life have been proven not to be above the crimes of abuse of the young and vulnerable. The main Church traditions have safeguarding policies and processes and where people are very vulnerable and even suggestible it is crucial that practitioners, particularly if they are part of a network, protect themselves and



others by compliance. The Church of England's safeguarding policy prescribes sound policy and practice and *A Time to Heal* suggests associated organisations in Appendix 2<sup>13</sup>.

As was noted by the definition of spiritual abuse from Oakley in the introduction (p20) , it is not difficult to stray into these broader realms of abuse. Her definition includes any behaviour that may be controlling or coercive. When combined with interview quotes such as '...but getting in the way of God, just getting in the way rather than just be quite open, humble, available...' (AS) and '...And particularly with regards to some aspects of healing ministry ...that there is an inappropriate way of managing people that's not helpful for the individual.' (PG), remaining within 'safe' confines takes great care and supervision. Therefore 'words of knowledge', scriptural references, pictures and images may become auto-suggestive. This is why reflective listening is an important element of the CHM and was the fundamental approach of Tournier, to listen and reflect back and help people find their answers in an environment of prayer.

The interviewees presented examples of both poor and good practice in response to the questions on this subject. Two of the focus groups presented some questions and experience on the matter. There was an impassioned question from one participant in FG1:

I'm really keen to ask you at some point this evening, whether you've addressed in your research when healing ministries go tragically wrong... the mother of some good friends of mine...went to a healer ...who encouraged her not to have any treatment for her breast cancer, [Medical] Treatment which is very likely to have healed her. But instead he [the pastor] said no, what you must do is believe that my prayers and intervention have healed you. And she subsequently died. And many other people I know also were badly affected by this group. So there are two sides to this (FG1).

One of the Focus groups (FG3) had participants who had to be supervised in their pastoral work and this was the experience of one, newly ordained, who felt the training and supervision could be improved:

... this is going to sound very terribly unprofessional in a way; there are I think situations where nothing that your skill set, however acquired ,will do for you in those ministries and to some degree you are hoping and praying that the gift of the

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<sup>13</sup> <https://www.churchofengland.org/safeguarding/promoting-safer-church/policy-practice-guidance> last accessed 10/8/19

Holy Spirit, which is what you've received in your ordination is going to...and then the grace of your ordination is in some way... I'm not entirely comfortable with that answer, I think there is room alongside the Holy Spirit for us to do our bit of cooperating ...(FG3).

As noted by Ballard and Pritchard:

The practices of listening and counselling are now well incorporated into secular practice and are supported by guidelines of good practice. These offer support and a quality standard for Christian practice which should be embraced as the Church is, once again, playing a significant role in the welfare sector (Ballard & Pritchard, 1996:4).

As suggested by Oakley et al, there are grey areas in questions of safety and particularly spiritual abuse:

Indeed, there remains a deadlock presently regarding a singular, accepted definition of SA acceptable to policy makers, academics, theologians and those who have experienced this form of abuse. Yet, a clear, shared definition is surely required for a positive movement forward in research, understanding, awareness, policy and practice (Oakley et al,2018:144)

This is a significant area for discussion, and the necessity of training and supervision in the CHM is brought sharply into focus by the empirical research, but also by the contemporary literature on safe practice, which highlights the potential risks and dangers for the CHM.

#### **4.4.2 Reflective practice**

As was noted in the results section many of the interviewees said that the interview was the first time they had reflected on their practice in the ministry. Given that the healing ministry is disparate and unregulated this is not surprising: but it is interesting in the context of the growth of reflective practice in many areas of practice inside and outside of Church. Not all practitioners were supervised and, in a demanding ministry, time for reflection is not a priority. There are several ways in which an individual can adopt reflective practice through writing, talking, in groups and of course, through prayer (see Bolton,2002 and Walton, Graham and Ward,2005).

There is a body of literature on reflective practice and models to improve and develop practice. Ward writes 'The idea of reflection is overwhelmingly positive' (Ward,2017:95). He goes on to explain that it is where the practical theologian, reflecting on their practice,

moves from theory to doing. There are a variety of models for reflection. For example, the pastoral cycle (Ward, 2017:96ff), writing methods (Walton, 2014) and other methods such as critical conversation (Pattison, 2000:135ff). These are just some examples of reflective opportunities available to the CHM.

I do still think that we need space to reflect on and get ourselves back to who's the centre of this because I think very easily we can shift into, 'Gosh, that's interesting, tell me more' or we become a focus in what we're doing, so I think for me that's where the supervision or the reflective space about one's work becomes important so not so much the control anymore which used to be the focus...FG3)

## **4.5 Summary**

Using Tournier's work, academic literature and the data from the practical research, a dialogue between data and theory has been undertaken in this chapter. This has been stage 6 of the protocol for analysis, the discussion between data and theory (see Table 2,p71). Its aims have been to both explore a deeper understanding of the CHM and to provide a theological framework for the ministry by drawing on the three sources of research. It has also aimed to examine the practices of those ministering in the CHM, adding definition and potential areas for further research and development. The additional and contemporary issues of safe practice have also been discussed as crucial matters in the development of the CHM today.

The next chapter will explore the final conclusions in the form of contributions to knowledge and to practical theology. This will include some recommendations on how the lay CHM might be developed in the light of the work of Paul Tournier.

## **Chapter 5. Conclusions**

### **5.1 Introduction**

The conclusions to this project will describe interpretations of the research in three sections. Firstly how it contributes to knowledge of the CHM, secondly the contributions to practice and finally additional possible areas for further development and research. The unique and original contribution of this research has been the empirical element, as testing Tournier's themes in the field informs the development of contemporary CHM practice and development. Some of the literature drawn on in the library phases, including Tournier's, is from several decades ago and some is more modern.

The information derived from the interview narratives of the practitioners tells how the CHM is practising now in merging traditions that have grown together to develop a ministry intended to help others by drawing on God's healing power. A picture has emerged of the ministry as it is practised; how it has already developed in the last few decades and how it continues to grow.

Until this point the research has been discussed as stratified into Tournier's key themes. They emerged from the original library study (Chapter 1) and have been examined and discussed in turn, whilst acknowledging that they merge at the boundaries. The conclusions made in this chapter are by synthesis of the findings, addressing the original research aim of developing the CHM in dialogue with Tournier.

### **5.2 Contributions to knowledge**

This section will articulate the contributions to knowledge of the CHM by considering the unique nature of healing, the whole person, the developing CHM, God's relationship with humanity and how, why and where people are called to the ministry.

### **5.2.1 Christian healing; its source, nature and development**

This sub-section describes the research's interpretation of the central understanding on the experience of Christian healing and the practices of those who minister. It offers a new understanding of the CHM through its current expressions as drawn from the interview narratives and will consider the source and nature of healing, transformation through healing, the merging of traditions, signs of the Kingdom and the place of the CHM.

#### *a) The uniqueness and source of healing*

Firstly, the results from research have been interpreted to understand that the CHM is unique and differs from other types of healing by its source in the Triune God, described by Lash as the 'three ways of being' of God (Lash,2007:30). That the source of healing flows from the Triune God has been interpreted from the discussion at 4.2.1 and central to this understanding is the Trinitarian doctrine established in the Church and discussed widely in literature. Therefore Christian healing is not like any other type of spiritual healing (Perry,2000:14).

Whilst Trinitarian doctrine was normative and espoused by Tournier and academic literature, an interesting outcome of the research was that for the practitioners the Triune God was experienced in differing ways and these 'ways of being' were clearly discerned. This self- disclosure is one of the unique contributions of the research, demonstrating the reality of the operant nature of practitioners' espoused theology, and the claims in the theological literature of the Triune nature of God's action.

For CHM practitioners, both the operant and espoused theology (Cameron et al, 2010:53-56) showed a relationship with the three persons of the Trinity in beliefs, and intimately and variously in practice. Further, many of the interviewees revealed their experiences of encounter with the Son or the Spirit in healing practice. The Holy Spirit was experienced as often very discernible and present and Jesus also was felt as a presence in the encounter. The love of God the Father was sensed by many in the CHM as the ultimate source of their calling and a personal sustaining presence.

The experiences of the Triune God were reflective of Tournier's experience of Jesus the friend and healer, and the Holy Spirit who acts as the integrating force on the three aspects of the person (Tournier,1954:128-9).

I suppose I'd see it more as Christ being there before, not coming in halfway through ... You know, if someone enters the room, Christ is already there. I'd say there's probably times when he becomes more present or intervenes more, and there's that sense I think you're with someone... I'd have a sense that I'm saying the right things or that I'm resonating with someone, and as you're praying, you're seeing in them movement maybe and things happening (AS).

A healing encounter occurs by inviting Jesus into the situation, or by inviting the person into his presence: it was a moment of the 'flash' as Tournier referred to it (Tournier, 1986:32-35). This is enabled through the encounter type of prayer, being open to the work and action of the Spirit. This was understood as being a channel for God's healing work and forming part of the 'trialogue':

But he uses us, human beings to bring about his will, which is absolutely amazing if you think about it, that the God of the universe uses us, his creation, to bring about what he wants to happen. I think it's amazing (AK).

Emerging from the research then is an understanding that what is distinctive and authentically Christian about the practice of the CHM is that it is rooted in Trinitarian doctrine.

#### *b) The nature of healing, a change taking place?*

On the nature of healing, Pattison considered that whilst many researchers have tried to understand the mechanisms of healing, it remained a mystery (Pattison,1989:15). After much discussion and without prompting, this was also concluded by FG2, comprising practitioners who had a simple acceptance of the mystery:

I always get back to Maurice Maddox... Christian healing was, he said: 'Jesus Christ meeting me at my point of need'. I always, time and time again, get back to that. I think when I'm explaining it to people in introducing a time of prayer I always say that... So I'd say it's very simple (FG2).

Also:

And I couldn't have told him what happened, but something...and we both knew something mega was happening, and it was...and that was definitely Holy Spirit intervention. It really was (JW).

Practitioners also saw themselves as drawing on the authority given to the disciples and apostles in the early Church to participate in this mystery (Acts 2:1-14 and 3:1-11).

For all of my life's ministry I've taken the scripture from Luke where Zacharias speaks about John, his son to be born, and he says, "My son will go before the Lord and in the spirit and power of Elijah." And it's this phrase; it's to make ready a people prepared for God. And that's what I do; I get people ready for God. Now in the CHM when I pray with others or for others. I am simply looking to bring them in to the wholeness that I believe Christ gained for them on the cross; somebody is in the heart of God and that whole thing is about healing in the atonement (WA).

This authority, posits Gaiser, was exercised by Jesus who spoke and did the work of God himself (Gaiser,2010:192). Practitioners relied on the power of God and not on themselves, although they often had very compelling callings and gifts, which enabled their ministry.

Healing and what occurs can be understood by the explanations given by both the Pentecostal and sacramental traditions which have been discussed in the introduction. To understand this further and resonating with some of the interviewee experiences, the Pentecostal experience is described by Yong:

...a palpable, tangible and kinesthetic encounter with the living God.

And further,

...God is believed to respond to the earnest intercessory prayers of the prayers of the saints, through the meeting of human needs, the healing of sick and diseased bodies, and the provision of timely and miraculous acts of wonder (Yong,2011:74).

This description of healing resonates with the narratives of something profound and supernatural occurring: it was understood to come from God and experienced in ways needed by the person at the time. It might be apparent through a spiritual, physical or emotional change or perhaps all three, if needed, to create a balance and equilibrium for the person. This experience of the 'flash' as Tournier referred to it (Tournier, 1986:32-35),

was described from all sources as a renewal, transformation, aimed at the original creation of the person within. 'Healing sets people free from that which diminishes them' (Sutton, 2020) and the practitioners were prepared for however the Spirit worked through their ministry.

A further connection has been made in the research between Tournier's approach, the practitioners' experiences and the proposal of Lambourne's, made five decades ago, that healing, *like* a sacrament, brings about an inner change. (Lambourne, 1963:91). Agreeing with Tournier, this transformation was believed to be brought about by the action of the Spirit, the integrating force. This was interpreted from empirical research experiences, that something changes, shifts, even imperceptibly and sometimes miraculously, during the healing encounter.

'...you're not aware of it, but something changes. God is working in you. He's working to change you at a depth and a level...you don't feel anything, but other people see it, and so you know that something is happening at a very, very deep level...' (JW).

The Lord says "Look, awaken, awaken them, start the process, I'll do the rest. Just don't worry" (CG)

Further evidence from the interviews indicated that change and growth continue over the years as the presence of Jesus within brings about continual renewal:

...and so that's why I am interested when people's agenda with Jesus changes when they meet him, and that's why I have a lot of sympathy with those who come back for twenty years for prayer, because it means they're taking their journey seriously. And it means that somebody who comes with a bad back and their back is healed; there maybe still be more he [Jesus] wants to do (HC).

The interviews also confirmed that healing might be hidden, apparent over time or could be miraculous. From an interviewee who used the laying on of hands for a deaf man:

He didn't believe in God, he was deaf, the Lord restored his hearing and he gave his life to Christ in about three minutes and his daughter's standing there in floods of tears...if I pray with somebody I expect God to turn up and why wouldn't God want to heal that person? (GB).



In summary, emerging from the research was the understanding that healing brings about a Spirit-given change and transformation, at times immediately apparent and at others hidden or slow.

*c) The developing CHM: merging traditions.*

The evidence on the various expressions has revealed that there has been a merging of traditions over the decades since the work of Lambourne, Pattison and Wilson.

Encounter and the 'flash' was experienced by practitioners in various settings: charismatic and sacramental and according to their practice:

And I can think of occasions when a person has done that [prayed for an encounter] and then possibly burst into tears. Because I would occasionally say, "I wonder if Jesus says anything to you back," and sometimes people have been amazed what's come out of their own mouth, a new aspect of God or Jesus which hopefully will feed into their on-going understanding of who God is or who Jesus is.... (AS, listener)

You're waiting for the moment. And that's, that's when the healing's going to happen and that's when you put your hands on (JA, prayer minister).

I believe it's evolved in quite a few years, and now we have it available every Sunday in the Eucharist that people...one of the clergy, one of the cathedral clergy at the service was simply in his introductions and notices, say "The ministry of prayer for healing and anointing is available in one of the side chapels and it's part of the administration of the Eucharist (MM, listener and prayer minister).

These quotes from practitioners with different expressions of practice, listening, prayer ministry and the compelling gift to lay on hands, illustrated how the CHM has interwoven its traditions in the previously considered separate strands of sacramental and pentecostal. Prayer ministry takes place within and without the liturgies of the sacraments, both often involving the laying on of hands and calling on the Spirit. The evidence from the interviews has shown that practitioners are ministering across this breadth of practice. Healing and listening centres attract people from a variety of denominations as they are often drawn towards the healing ministry offered.

Further, it was apparent from the evidence in the empirical research that practitioners may have one or more of several gifts or callings: these gifts may be enduring, honed over time or given at the point or moment of need. Table 1, (p73) illustrates this variety in even the small cohort of practitioners in the CHM. All of these, when rooted in a Trinitarian belief and working as a channel for God's healing power are modes of Christian healing.

Tournier's own way of working through his form of counselling therapy and the ways of the people involved in the empirical research, illustrated that God's healing power was not only 'located in extraordinary signs and wonders' (Perry,2000:14) but could be found in the various ways in which people are gifted and minister in his name. These gifts given by God are for his purposes: Wilson further suggests that God has entrusted these gifts only to communities based on the love and self-giving described by Paul in 1 Corinthians (1Cor.13: 2) (Wilson,1966:15).

It was also apparent that God seems to choose to work through human agency. This is often through another but can also be by intercession for personal needs. It emerged early on in the research that people are given a particular gift or calling for the purpose of caring for another. God can and does answer personal prayer and intercession, but he also wants us to be engaged in furthering his Kingdom. Schlauch (2000) posits that pastoral theology is a 'bridge discipline', using experience and understanding in a joint heritage of Christian discipline and human sciences (Schlauch,2000:209). This resonates with the images presented by some practitioners of being channels, or the 'postman' in the relationship between God and the other person.

In conclusion it has emerged that there is more than one way of practising the CHM or of experiencing healing. The strands of sacramental or Pentecostal traditions, described in the introduction, now intersect and the CHM is practised across both. There are some traditions or occasions when there is a clear distinction and this is also appropriate. The CHM has developed over the decades to become an ecumenical and inter-tradition ministry and for many, identifying with a distinct strand would be difficult.

#### *d) Signs of the Kingdom*

This subsection discusses significant and *a priori*, unexpected contributions in the area of the Kingdom and divine action. These emerged from the empirical element of the

research as the interviewees revealed that they are engaged in what might be described as the operationalising of eschatological hope and further, tangibly experiencing and witnessing divine action.

Firstly, on the Kingdom, the findings are described in the context of Tournier's firm belief in heaven and its ultimate peace and healing, whilst dedicating his life to helping people now. He had experienced the presence of Jesus and the Spirit in his work, so knew of and understood that healing intervention. His eschatological position might be understood by:

Through it [death] we inherit eternal life in a world where "neither shall there be mourning, nor crying, nor pain any more" (Rev.21: 4) (Tournier,1954:204).

And later in his life:

Really we know nothing of what our resurrection life will be like. It is better to recognise this. Probably it is better that we should know nothing (Tournier,1972:236).

He had heard of miracles from others whom he trusted, and kept an interested and open mind, but wrote an illuminating metaphor on his position before reminding us that we belong in heaven:

On board our ship, in the midst of confusion and despair, what is there to do except to go on eternally repairing the breaches in her side?...the suffering must be relieved, the sick healed and life prolonged as far as possible. But it is only a temporary expedient...nothing could be worse that to live on board the ship forever (Tournier,1954:203).

Practitioners' expressed experiences, however, were that they were close to the Kingdom that is and is still to come. In academic literature there is speculation on the elusive meaning of the Kingdom. Wilson describes this idea, which is hard to grasp '...the Christian hope of the Kingdom to come in all its fullness, kindles our hope in the present to recognise gleams of the Kingdom present now' (Wilson,1966:88). Meanwhile Martin asks his readers to 'face up to the mysteries of the Kingdom' and to look to the New Testament to learn about the God's reign. For example, the parable of the sower (Matt.13: 1-9) is, claims Martin, an allegory about how the Kingdom will grow from seeds sown by us, which is all we have to do here and now, leaving the growth to God. The Kingdom to come that replaces all temporal kingdoms with the love of God is to be welcomed (Martin,2017:314).

The practitioners' sense of the Kingdom was about what God could and would do in the here and now, with a real sense of his love and action. This was drawn from their own involvements in healing encounters, the following extracted from quotes in Chapter 3.

We will talk with the Lord, when we meet him face to face. I guess he will give the answer, but the 'whys' can be sometimes difficult but we have to learn to live in the in-between. The Kingdom has come but the Kingdom is yet to come. And I think that is a very difficult place at times, to live. I would much prefer to be black and white. If you do 'a' then 'b' will happen, but it's not always like that (EK)

[On the Kingdom] Yes, have sight for blind, prisoners free, and those... I think I'm going to make that my kind of epitaph... or not epitaph, but you know what I mean (NB,RIP).

Through these experiences practitioners firstly had a sense of divine action that related to their espoused theology of eschatological hope, which was alive and real for them. Their Kingdom language was thus about God's reign of love to come, but of which they see and feel now. If their expressions of being a channel of that love are real, and it was a common revelation, then their glimpses of the Kingdom and a subsequent, lively eschatological hope are gifts given to them and brought to the CHM. Their espoused theology knew about the life to come and their operant experience also knew that the Kingdom was just a step away from them, manifest in what they were a part of now.

Their narratives have some resonance with Yong's understanding of the Pentecostal view of the Kingdom. He writes that the bringing in of the Kingdom is not 'merely a human endeavour'. If that were so, we would be engaged in a 'false vision of the world's endless progress into the eschaton'. Rather eschatology is pneumatological; the Spirit's actions have already begun the work of the Kingdom from the beginning and through the redemptive act of the Resurrection. We are God's agents as humans and we participate in the bringing of the Kingdom but only by the 'initiative and empowering of the Spirit' (Yong, 2011:101).

A picture has emerged from the research that the CHM and the people who are engaged in it are part of the Kingdom that sits within the eternal nature of God. Yong describes this as beginning in the future and working back to the present (Yong,2011:101), but of course it also goes back to the beginning.

The questions of the Kingdom are inextricably linked with that of miracles. Some practitioners hoped, prayed for and witnessed miracles and yet there was an understanding that after death there will be ultimate healing. This espoused eschatology provided hope when God did not seem to heal in this time, but even so practitioners were not self-restricting in their praying for the miraculous. They expected God to intervene in his own creation as they had witnessed. '...I believe in the work of the Holy Spirit....through the transfer of heaven's power...' (WA). There was an urging that those in the CHM should continually pray for people who are in need of healing, even if there was no immediate and evident response to prayer '...and we can promise that we'll carry on praying for you during the week' (WA). This operant theology was infectious and provided the CHM with its source of hope.

This hope is echoed by McNutt who claimed 'we have lost a lively sense of Christ's healing presence and power' writing that Jesus performed miracles to show he was the Messiah, and so his acts became a sign of the truth (McNutt, 1974:90-91). Similarly Lambourne quoted from the Gospel of John, that the miracles of Jesus were 'done that you may believe' (John.11: 27) and also posited that the sick that were healed were representative of the people. For example, in healing the blind or the deaf, Jesus is showing the blindness or deafness of the community to the community (Lambourne, 1963:55). Healing then was both a sign of the presence of Jesus the Messiah and a demonstrative way of speaking to the people. Practitioners not only witnessed divine action, but they were part of it; they were players in God's work and the people whose agency he called to this area of healing and restoration of his people. It was not surprising then that practitioners relied on their relationship with him through prayer, to hear his voice, and do as asked; 'If I'm not in that relationship then I can't do his will, as he would want me to' (LA).

It should be remembered here that there was no indication from practitioners that anyone who sought Christian healing should be turned away. For some in Church traditions where a normative and espoused theology teaches that salvation is only by the way of faith in Jesus Christ, none the less practised their operant theology, to welcome all people. It could be inferred that this was indicative of an operant understanding that their task was only to sow and leave the growing and harvesting to God (Martin, 2017:314).

The dialogue between Tournier, the literature and the practitioners reveals tensions between what is sometimes written about the Kingdom and divine action and

what was experienced in practice. Science-and- theology scholars have been wary of claiming that God performs miracles by intervening in his creation. CHM practitioners experienced that he does and they expect him to. They were ambitious in what they asked for and expected their prayers to be heard and answered. Similarly they experienced glimpses of the Kingdom, they felt themselves to be on its edge and they understood, through their espoused eschatological theology, that what is to come will be greater than anything they have experienced. They were aware of that which Christian eschatology holds in tension: the 'already here' and the 'not yet':

But the end of that, what I do is I surrender to Ezekiel 47, this healing river, this River of Life... But I think that river of love, that River of Life is where we need to be looking for. And I think it's transcendent. I don't think we can analyse it. I think it is mysterious, I think it's beautiful (CG).

Yong adds an additional dimension to the science-theology debate, by presenting a thesis that considers the work of the Spirit in divine action, which is teleological and redemptive: not God 'trespassing on the laws of nature'. Yong writes that nature's laws can be interpreted in a pneumatological and teleological context that understands God creating with intent to redeem. He is revealed in Jesus and '...the pervasive work of the Holy Spirit in the world' (Yong,2011:103).

Again, Yong's thesis has resonance with the experience and narrative of the interviewees which provides a fuller understanding of how God's action is experienced in the CHM. How he works through people in this context has revealed that the espoused theology of the participants works with their operant experience to maintain that tension between the 'now' and the 'not yet'. Tournier's eschatology, however, was more focussed on the 'not yet' of the Kingdom, whilst he worked to improve the lives of people in the here-and-now.

The phenomenological approach taken to the project, drawing on experience and narrative in the empirical research, has constructed some new understandings in the CHM on this complex but interesting area of the experience and the place of the CHM in the Kingdom.

#### *e) The place of the CHM*

The CHM was used as a generic term in this thesis, but it was actually found in healing centres, in networks, public gatherings, on the streets and in Churches. It could also be found in outreach ministries, visiting the sick, bereaved and dying, prisoners and the homeless. It was found in individuals who were active members of Churches and it is here interpreted as the role of the universal Church, the communion of Church, described by Martin as the spiritual body. Martin extends the membership of this community through space and time to all believers who do exist and have existed 'to include everyone God has joined to divine communion with all other saved persons and with the communion of the persons of the trinity' (Martin,2017:321-323).

The Church is further understood through Bonhoeffer's description of the difference between a Christian community and any other. The former is spiritual he suggests, 'Because Christian community is founded solely on Jesus Christ, it is a spiritual and not a psychic reality. In this it differs absolutely from all other communities' (Bonhoeffer,1954:31). The binding factor was also interpreted as the spiritual, the common faith in Jesus Christ and therefore the work of the Holy Spirit.

Healing may take place within the institution of the Church, its buildings and volunteers but it is a manifestation of the spiritual body of Christ referred to by Martin. A healthy church community is formed of the same body of Christ and can provide the love and support needed for people in their everyday lives, especially at times of difficulty. When a local church is in a healthy state it offers the mutual support and encouragement spoken of by Tournier (Tournier,1982:95), for example prayer, friendship, encouragement and other practical and spiritual factors. Of course, some Church communities are themselves broken and are in need of healing to be capable of offering support to others. The ministry of healing broken churches is sadly a new and needed ministry that two experienced practitioners who were interviewed are now diverting into. Even so, it has been interpreted from the evidence that the CHM belongs in the domain of the community of Church of which those in the ministry should be part. If they act independently and are not attached to the body of Church they run the risk of not expressing the healing ministry in its fullness.

The findings have been interpreted to mean that the ministry, when rooted in the community of the risen Christ's body, is nourishing and energised, an effective channel of God's healing power. Through their prayer and in spiritual communion with each other

they can bring people into the encounter with Christ, thus being part of the 'trialogue', which Tournier described.

#### *f) Summary*

In summary the evidence in this area, shaped by the empirical research, has been interpreted to provide some central understandings to the CHM. Firstly, the CHM is rooted in Church traditions with an espoused Trinitarian theology, and the operant theology found here was one of real experiences of and with each person of the Triune God, according to circumstances and practice. Further healing is an encounter with the risen Jesus who heals where the need is; it is the work of the Spirit and an irrevocable change takes place in the person. Further, Christian healing has developed over the last few decades and continues to develop, blending the distinction between traditions and strands such as charismatic and sacramental.

Practitioners' experiences inferred their agreement with healing as being a sign of the Kingdom that they experienced closely and in which they act as God's agents. It was not understood as one thing but was manifest in a number of ways and practitioners were variously gifted, according to need. They acted as channels when prompted by the Spirit and understood healing to be apparent through miracles, over time or hidden. Finally, the CHM is a ministry belonging to the Church and its ministers are members of that spiritual body.

### **5.2.2 God's relationship with people**

This section will consider the interpretation of the evidence on how God is understood to relate to us, his creatures, the theological anthropology element of the research. It will further interpret the research findings around understandings of how we therefore relate to him, how we are made, hope and prayer.



a) *How we relate to God: theological anthropology*

This discussion on the broad area of theological anthropology will draw some conclusions on how and why we are made and so how we relate to God as creatures in his creation. Firstly, on the question of *imago Dei* and its meaning for the CHM (discussed in detail in sub- section 4.3.2 the question here is what, if any new understanding has come about through the research on theological anthropology.

As was noted there, the interview narratives revealed only a small amount explicitly on *imago Dei*, but the espoused theology implied their belief in this Christian doctrine. As with much of the CHM practice their beliefs are 'operationalised' in their ministry. Their concern with bringing the person into the presence of a personal God indicated a deep understanding of the relationship between God and his people. In this relational understanding then they would have related to Tournier's linking of his 'third dimension' of medicine and *imago Dei*.

The third dimension, the spiritual dimension, is the dimension of relationship. What is spiritual in man is his need for relationship: with his neighbour, with nature, with society, with God (Tournier,1984:51).

The main dialogue at 4.3.2 (p146ff) on *imago Dei* was between Tournier's and academic literature, where Tournier's understanding of the spiritual nature of our being coincided in some way with Horton's. Being made with the capabilities given by God, which may be an 'echo' of his nature, is for the purpose of being his agents. Being made in his image is an office (Horton,2018:121-7) and from there we are called to our vocation (Tournier,1954: 22). Clearly, the practitioners were concerned with the wellbeing and healing of others and so looked for and saw God in those people. However, and perhaps in their outward looking ministry, their narratives revealed an understanding that they themselves are made in this functional interpretation of *imago Dei*. In engaging in a relationship with God and in being prepared to respond to his calling they become his 'agents' in his teleological purposes.

The next consideration for discussion in this area of our relationship with God is the 'person' who is the focus of healing. This main and distinctive feature of Tournier's work, will be discussed here in the context of our relationship with God. Tournier's 'Medicine of the Person' is concerned with the whole person, the person 'without water-tight compartments' but made in the image of God, described by Attwell and Fulford (Cox et al,2007:94) or by Collins' diagrammatic attempts to describe Tournier's complex and

interconnected whole (Collins,1973:55). This recognition of caring for the whole person in the CHM was expressed in various ways by practitioners across fourteen sources with fifty references. Tournier anticipated what is now a widespread consensus in theological anthropology, that is a unity of the aspects of a person and a rejection of dualism. This he also extended to a rejection of reductionism in medicine, which has gained traction over the decades. 'The mission of the doctor is wider still. Helping a person to live does not mean only to help him bear his life, but helping him to grow and to solve his problems' (Tournier,1954:181) . On how he began his work '...in all my patients there were psychological factors at work, and there was an interplay between the classical disease and these factors' (Tournier,1984:50).

This resonated strongly with the interviewees and it is also interesting how it connected with their practice.

And actually I think it seems to me, and many in the medical profession would agree, that we're dealing with the whole person and Tournier got there before anybody else really did particularly in terms of making it fashionable in the healing ministry (WA).

Well, I'm very convinced about the unity and the desired unity of body, mind and spirit; that God made us in that balance...(AS).

But countless again and again and again, you look at the stories; Jesus is dealing with the person, he's not dealing with an issue (WA)

It depends what was actually troubling the person, and sometimes and it was a lot more of the body in it than other times. But I think whatever happens, the quality that \*\*\* mentioned, the sort of the fact that the person matters...(MM)

Or further:

I think that even body, mind, spirit probably is a limited thing. It doesn't necessarily take into account one's whole social makeup and your social setting (HC)

As this is the main legacy of Tournier, it is worth repeating again, as both Tournier and Cortez expressed in their own ways, that whilst there was and continues to be some discussion on the matter of the number of our aspects Cortez,2010:136 and Tournier,1965b:116),there was a consensus across the empirical and academic sources researched that this 'fusion' (FR) occurs as the spirit is made incarnate with our bodies at

our creation. This unity in how we are made can be considered as being central to understanding of the healing encounter and the place, at our point of need, where God relates to us.

Tournier's 'Medicine of the Person' can be seen as an appropriate and effective approach to the integrated care of people. In his praxis Tournier's focus was the 'person' that he aimed to reach through his form of Christian psychotherapy. Before leaving this section, to expand the understanding, Clarke posited that Tournier understood Christianity and psychology to be compatible; psychology providing the moral autonomy which leads us to self-examination and thus to growth, which God wills for us. However a relationship with Jesus, and the self-abandonment that it calls for, gives us a complete inner freedom to grow with the help of God (Clarke,2007:58-59). From this it could be inferred that our mind and spirit are made to relate to God in a way that forms and develops us. Most practitioners were not psychologists or psychotherapists but worked through other expressions of the CHM, such as prayer ministry and listening, and generally did not have the medical insight or psychotherapy skills of Tournier. However, in their awareness that an encounter with Jesus was healing, changing and transforming, they understood the therapeutic benefits of their ministry to the whole person. The differences in understanding on this have been explored in 4.3.2 (p146) but it would be reasonable to state that participants would agree with the following statement of Tournier;

These doctors seek to heal the whole by healing the parts, whereas Jesus it seems healed the parts by healing the whole (Tournier,1982:44).

These matters concerning the person are of great importance in the CHM as it is the focus for healing but one where there can be damage if a person is ministered to inappropriately. The conversation between Tournier, literature and practitioners about the way we are made, and how best to bring someone to God has been of significance in the research aim of developing the CHM with Tournier's work. His legacy is best known as his 'Medicine of the Person' and in dialogue with theological anthropology literature it has been shown that ministering to the whole complete person is central to understanding of the CHM. The research, in thoroughly exploring this central element of Tournier's work and considering it alongside the CHM practitioners' less developed understanding, has revealed the complexity and depth of the person. Striving to understand how we are made, and thus how we relate to God, is the on-going task of the CHM, and the work of Tournier is available to help this development in the ministry.

Having described how the research in the area of theological anthropology has illuminated how we are made by God, I shall now consider how we relate to him and he to us through prayer and Scripture.

*b) Prayer and Scripture.*

The literature cited in section 4.3.5 (p155) on the subject of prayer quoted from a number of sources from a great body of work available. All agree in one way or another that it is through prayer that a relationship with God is developed and maintained. Maddocks added to the layers of meaning in prayer practice saying he hoped his book on the subject would ‘...make a small contribution to the deepening spirituality of the healing movement within all the churches’ (Maddocks, 1987:8).

A reading of any of Tournier’s work will soon realise his commitment to prayer was the source of his strength and energy; ‘...for to meditate is to be led by God to the discovery of ourselves’ (Tournier, 1954:133) and thus, to re-emphasise, the importance of practitioners in turn being people of prayer meant that they were then receptive to how their gifts should be put to his use. The significance and importance of the regular and continual practice of prayer among practitioners was striking, across fourteen sources.

Well I find different strands to keeping your spirit nourished. One is prayer and silence and stillness before God. The second one is Bible reading because it’s your food (JA).

This emphasis on personal prayer by Tournier and the research participants was interpreted to mean that being a person of prayer led to a deep relationship with God and was central to practitioners’ ministries. This relationship deepens over time, providing understanding, direction, willingness and the energy for ministry as spoken of by Tournier (Tournier, 1957:165f). In this there is a loop back to divine action and human agency, as through this relationship, people are receptive to their calling in the Church and become active in God’s plans for human agency.

That contemplative types of prayer were a common and necessary practice was evident, and these results when read alongside literature on prayer’s nature and purpose illuminated that the practice acts as a conversation between God and his creatures. The CHM practitioners are then called to pray in intercession, the Sacraments, laying on of hands, in whatever way they are called.

‘The food’ (JA) of Scripture was of significance to a number of practitioners as it was to Tournier, who used it as the book of life (Tournier,1954:17-19). In it he found answers to many questions of life situations, disease and human behaviour. Martin presents the ‘doctrine of the perspicuity of Scripture’, which, he explains, means that Scripture whilst often puzzling or difficult to interpret is ‘clear enough to provide us with salvation and correct doctrine’ (Martin,2017:91). He goes on to explain that, of course, individuals find different meaning in the texts and similarly did practitioners. They used Scripture in a variety of ways from being a frame of reference to inspiration and for quoting in prayer ministry. As has been discussed, a safe and responsible use of Scripture is to point the way to salvation. Its use out of context or in an auto-suggestive manner falls within Oakley’s definition of spiritual abuse and should be avoided.

### *c) Summary.*

It has emerged from the research dialogue on how God and his people relate to each other, that firstly we reflect his image in ways described and through our capabilities we develop our relationship with him through prayer. We then become his servants in ministry and for those in the CHM, this is a calling to be channels of his healing power.

## **5.2.3 Constructing a view from perceptions**

Returning to the research strategy and the phenomenological nature of the process, by understanding the perceptions and experiences of the practitioners in the CHM I have, as anticipated in the research strategy, constructed a view by analysing their experiences ‘...truths...’and accessing the worlds of those being studied’ (Chapter 2,p62) Andow, 2017). This type of approach was justified as ‘...a legitimate way to generate data on these ontological properties is to interact with people...’ (Chapter 2, p62; Mason,1996:39-40). Being mindful of Coffey and avoiding absurdity by taking different routes to knowledge (Coffey,2016:75) an element of realism was introduced into the research through the thematic analysis and coding and also through the three-way dialogue, drawing on both Tournier’s and academic literature. The richness of the data combined with theory has provided some unique insights in the CHM. These insights are contextualised as emerging from conversations with people immersed in a prayerful

relationship with their Creator who understood that they are channels for his work. They were people with espoused theologies of Trinitarian doctrine and eschatological hope of a Kingdom that is and has been and will come, with complete healing in the presence of God. These people had a variety of gifts and expressions, which they brought to the CHM for the service of all people.

## **5.3 Contributions to practice**

This section will describe the contributions made to the practice of the CHM after interpreting the evidence of the research. There are some emergent recommendations threaded through the conclusions. Matters addressed include partnership with medicine, prayer and Scripture in practice, listening and friendship, suffering and some additional practicalities.

### **5.3.1 Partnership with medicine**

The idea of the synthesis of body, mind and spirit has been discussed extensively in this thesis as the basis of Tournier's work. The results have been interpreted to mean that Christian healing is directed to the entire person.

This leads to considering the CHM's partnership with medicine in this area of 'whole person' care. Tournier had the privilege of being able to give much time and attention to his patients and clients and was multi-skilled and informed. In a time pressured clinical environment, clinical practitioners are under time pressure, and so there is an opportunity for the CHM to contribute by supporting spiritual care and healing through listening, counselling and prayer ministry. Opportunities to further promote this partnership include chaplaincy, the work of the organisation *Medicine de la Personne*, alliances such as Christian Healing UK and local centres themselves. Many general practitioners refer patients to listeners and counsellors for further help, and most healthcare settings have chaplaincy services and these add the 'third dimension' by ministering to the spiritual. Certainly CHM practitioners are ill-advised when encouraging people to ignore any classical

medicine and treatment being received. The practitioners interviewed reflected Tournier's conviction, widely echoed in the CHM literature, that God works through human agency, which includes clinical professionals as well as his ministers.

To further enable the CHM to confidently fill this role, practitioners would benefit from ongoing exploration and understanding of Tournier's 'Medicine of the Person'. If the aim of the CHM is to bring the whole person into a healing encounter with Jesus, then some knowledge of psychology and spirituality is most important, as Tournier has shown. However, counselling, psychotherapy and other psychological therapies are appropriately regulated and supervised today and should be practiced by those who are qualified to do so. Therefore there is a need for teamwork and discernment; with practitioners understanding or discerning when they should 'refer on' for further and more specialist help. This means that healing ministries should seek to build trusting relationships with health-care professionals who may be suspicious of faith-based approaches. Acorn CHF, for example, recognises this by inviting such professionals to engage in its work in all areas of its governance and ministry.

### **5.3.2 Prayer and Scripture in practice.**

This sub-section concerns using prayer and Scripture in practice. Personal practice has been discussed above 5.2.2 (p188) and familiarity with prayer appeared to lead to being comfortable with praying with people in the encounter. This personal prayer and meditation helped to hear and recognise the voice of God, which was, in turn, then recognised when ministering to others. Prayer was common during listening or counselling, silent or spoken. Many offered to lay on hands and, for one person, prayer over the telephone was a ministry. All interviewed had the same intentions, but the particular practice of encounter prayer or something similar which was focussed totally on the relationship between Jesus and the person was convincing: the practitioner acts as the channel. Tournier also brought his skills of medicine to the encounter, but if any practitioner shares those skills they are incidental, and so the CHM's primary role was seen as focus on prayer, listening and discerning.

Given that the use of scripture was essential to practice in the CHM and to the Christian life, the responsible and relevant use of the Bible as the 'Book of Life' is to be encouraged. It then becomes a reliable tool for 'navigation' in the ministry. Use without

some knowledgeable or prayerful intention however well meant should be discouraged as for reasons discussed in 5.2.2 Martin posits that ‘...knowing, in a Christian epistemological context is a communal affair.’ (Martin,2017:52). Reading Scripture in the Christian community, in ways accountable to the community, is perhaps a way to finding truth. This might be the community of CHM practitioners and in the wider community of their Churches. Therefore some on-going teaching and formation on the Scriptures, their construct and use as a guide is an important matter for consideration for the CHM.

There are many ways in which the CHM practitioners could develop these two aspects of prayer and scripture in their ministry. Retreats, teaching, preaching, reading, reflection, and prayer groups are means to form and refresh those in the CHM. This again illustrates the importance of the CHM being rooted in Church.

### **5.3.3 Listening and friendship**

Listening was interpreted as a primary task in the CHM. Even those who only listened long enough for a ‘diagnosis’ needed to listen. There was a distinct ministry of listening in the CHM as for some, listening to a person until they have told their story or found the answer themselves, is their healing journey. As discussed, listening is now a well- established secular activity and there exists a wide variety of training material. In the CHM the difference is that listening and counselling take place within a prayerful environment, ‘listening for God’s voice’. Training in Christian listening is available at several levels and is to be recommended for all in the ministry. Investing in some Christian listening training is thus a consideration for Churches who have a healing or caring ministry.

Tournier often became the friend of his patients, opening himself to total engagement. He taught himself to be a good listener and apparently displayed attributes of patience and reflection. In the research interviews there was not a single possibility of any practitioner agreeing to cross boundaries that are designed to provide some detachment and recommended by contemporary practice. It is unlikely that this will change, but friendships in Church and other communities are built on mutuality and support, so this restraint is a feature of the formality of ministering.

There are though, people whose problems or mental health are in need of professional care beyond listening. Supervision of practitioners is important as knowing when to suggest



a referral from listening to something therapeutically different requires some knowledge and discernment. Tournier was able to do both listening and his own counselling but, in our time there is more understanding and regulation in this field. Those working in CHM must be mindful of its boundaries. Christian counselling is a well established and regulated field today and there is training available in this area.

#### **5.3.4 Suffering, acceptance, and grace; the role for Church**

Ameliorating suffering was at the centre of Tournier's mission in helping others. It is also where this research began and the themes that underpin his work were identified as working towards his overall aim. His approach to embracing and accepting loss, suffering and problems had resonance with those interviewed although often approaching it from the other direction, by having flashes of understanding about people they knew who had not accepted their loss or problem.

A question was raised in the interviews on the role of Church and community:

How do we become a people that Jesus said that 'they'll know you're my disciples by the love that you've got for one another'? That's a challenge for any church actually. Other people look at this and think, "Oh crikey. What is going on there?" And how do you transition a church to that? (DE).

Tournier's methods included helping people to accept their suffering as an essential step in their healing journey. To supplement this work of Tournier on suffering, the proposals of Swinton for developing a practical theodicy in Churches to resist and counteract suffering is very compelling. It could be imagined that his four elements of shared lament, forgiveness, thoughtfulness and hospitality (Swinton,2018:88) might form the basis of intentional development for churches aiming to become a healing community. This needs development, formation and understanding; these are areas for Churches to consider.

In summary Churches should aim to be places of healing, and for those too troubled to speak, Gaiser suggests that finding those words for people are 'the gifts of the community of God's people' (Gaiser,2010:96-7). He points out that the Church has intentional liturgies available that bring healing and worshipping in the community, created to help the depressed and lonely (2010:100).

On this associated question of the isolation of elderly and vulnerable, there are charities both church and secular that offer care and support. Churches are engaged in many outreach ministries of justice and mercy that bring practical help and healing. The CHM is not confined to any place, as has been seen in the practical research, and may be taken out onto the streets and into people's homes. It can be in the form of chaplaincies, Street Pastors, food banks and many other Church-provided outreach services which touch people at their deepest need. The CHM in a Church can offer training and guidance in prayer ministry and listening to those 'going out'. All of the subjects raised here are reasons for adopting a practical theology that is person-centred, considering individual needs as explored by Woodward (2008).

### **5.3.5 Further Practicalities**

The question of safety, 'do no harm' and not getting in the way of God have been well discussed here. Those concerns raised over recent years because of scandals and abuse should have been made public earlier. The aim of the CHM is to heal, and therefore arrangements to protect people are essential to any organised CHM. Ideally those working independently should subject themselves to vetting, safeguarding training and supervision.

However, that is difficult to regulate, as people will practice where those who seek help feel drawn to go. One option is for a similar process to that used for alternative health care, where practitioners would be licensed to engage in the ministry of healing. Organisations, such as Christian Healing UK, who publish a list of associated healing organisations is an initial reference point for recognised CHM centres and networks. Their role might possibly be developed further encompassing regulation, training and accreditation, as has developed in the counselling and 'talking therapies' professions. Where centres and Churches adopted a high level of supervision, it was interesting to note that practitioners felt appropriately confident. They were clearly supported in a constructive way.

So if we did have an issue where we felt threatened or overwhelmed, we will share.

And we can see \*\*\* at any time. There is absolute safety here (LA)

That's right, if anything serious came up you certainly wouldn't wait for the next supervision. You just report it (JA)

Some Dioceses have methods of approving and training ministers, exercising authority to intervene if damaging practice is known about. Meanwhile best practice guidelines are available including for updating and supervision.

On the question of reflective practice, it still remains an interesting fact that there was no evidence of intentional reflection by practitioners. For a ministry, which is involved with people at the depths that the CHM reaches, this is a significant gap. Some sources and models for development in the CHM have been suggested at 4.4.2 (p174).

## **5.4 Finally**

This research has been a journey that began with the reading of *Creative Suffering*, which left an impression that Tournier's approach had the potential to be 'reawakened' and applied to the CHM and its development today. It began with a scattering of ideas and themes and thus began the task of identifying the components of his work that were transferrable for the CHM. This has involved extensive reading of Tournier and some meetings with those who still follow him and are part of his legacy. It has also included reading some of the work of theologians who influenced him. This includes some from this century who, explicitly or not, still reflect his thinking. Those who gave their time and thoughts so generously in the empirical research gave the project life, meaning and its originality, contributing to the phenomenological methodology to construct new knowledge.

The aim of the project was to develop the CHM in dialogue with the work of Tournier. Researching themes that underpinned his Medicine of the Person and taking them out into the field of the CHM has been an unexpectedly rich and full experience. It has indeed been 'walking on holy ground'. Although Tournier began practising nearly a century ago and completed his last book almost four decades ago, his approach, theories and practice are still relevant and have impact.

The dialogue between Tournier and the practitioners was a fruitful and lively model of research. It gave the practitioners (and the researcher) the opportunity of revisiting ways of practising and reflecting on the ministry.

Feedback from practitioners has told me that this research has raised awareness of the features of his work, which has already prompted some rethinking and developments in their practice. This will spread as they teach and share their experiences.

At the conclusion of this work, a last word must be Tournier's for whom life was to be approached with courage, enthusiasm and faith. 'All life is an adventure and all adventure has its difficulties' (Tournier,1966a:140). He gave his life to helping people with those difficulties and has left a legacy for the Christian healing ministry.

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## **Appendix 1. Critical literature review**

**(DTh Module 4).**

**Critical Literature Review.**

**Developing a Practical Theology of the Christian Ministry of healing, in dialogue  
with the work of Paul Tournier.**

**Elizabeth Slinn.**

## **Contents.**

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## **1. Introduction.**

### **1.1. Overview and plan.**

This literature review forms the basis for a research proposal in the area of practical theology. It concerns the subject of the distinctive nature of Christian healing in dialogue with the work of Paul Tournier. The proposed research will consider the literature and practice of Tournier, a twentieth-century Swiss physician who developed an integrated approach to medicine through a synthesis of the health of body, mind and spirit. Tournier was a professed Christian from a Calvinist tradition and his work is rooted in Christian practice and faith. He brought his faith into a relationship with his medicine so developing an approach that was at the heart of his 'Medicine of the Person' that endures today through his writing and speaking and an organisation dedicated to his praxis.

The plan for this literature review will take the following form: -

- A background which defines
  - The topic and its place within the context of Christian healing.
  - The reasons for choosing this subject within the discipline of practical theology.
  - The scope of the review.
- The main body of the review will describe and critically examine the following.
  - The literature of Paul Tournier and what it reveals of his approach to healing.
  - Significant commentaries from other writers on his work.
  - A brief review of other relevant literature that relates to Tournier's theories.
  - A summary of contemporary, respected literature or guidance and policy on Christian healing ministry (CHM).
- The conclusion of the review which will
  - Summarise the findings.
  - Identify areas for future study.

Tournier wrote as a medical doctor for his fellow practitioners, but his writing is accessible to the layperson as he wrote and spoke about helping people in the face of loss, illness or whatever problem was presented before him. Thus, the proposed research and the focus



of this review will be to identify which aspects of his approach might inform and develop lay practice in CHM.

## **1.2. Background.**

### **1.2.1. Definition and context.**

#### *Practical theology and the healing ministry.*

The context of this study is in the area of practical theology. If theology is 'faith seeking understanding', practical theology might be explained as how discipleship and faith manifest in the Church's pastoral practice to its members and to the wider community (Ballard & Pritchard, 2006, p1).

Writing on suffering and healing, Hunsinger describes practical theology as 'First and foremost a theology of God's care for the world in Jesus Christ, in which we are invited to participate' (Hunsinger, 2011, p9). Pastoral practice encompasses many ministries and one that offers God's care is the ministry of healing. Those practising this ministry share a fundamental belief that Jesus gave his disciples the divine power and authority to heal (Luke 9:1-6). How this CHM may be further developed through the critical examination and integration of the work of Paul Tournier is the subject for the proposed research.

#### *Christian healing.*

To arrive at a 'working definition' of healing in this Christian context, it is helpful to begin with some definitions of health, wellbeing and healing.

Beginning with a generic view, the World Health Organisation (WHO), in its 1948 constitution, defines health as a '...state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO)<sup>14</sup>. That definition is clearly aspirational, but an appropriate aim for an organisation devoted to world health and one which it constantly promotes and strives to deliver.

In the Christian context discussed here, the CHM may firstly derive its rationale from Jesus' 'mission statement' as recorded in Luke's Gospel. This describes Jesus' ministries including 'bringing sight to the blind' ... (Luke 4:18).

To consider one or two of the many further explanations of healing, firstly Bishop Morris Maddocks, the founder of Acorn Christian Healing Foundation (Acorn CHF) defined healing

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<sup>14</sup> World Health Organisation (WHO) definition of health, <http://www.who.int/about/mission/en/> (last accessed 4/3/2017).

as 'Jesus Christ meeting us at our point of need' (Acorn CHF, 2015). This definition is encompassed in Acorn's values today and can be seen translated with different phraseologies into the work and mission of many Christian healing movements<sup>15</sup>. These attempts at explanations do not assume that there will always be a 'cure' that is visible or miraculous. Indeed, the Archbishop of Canterbury's Review group on the CHM says that we are given a glimpse of the Kingdom through Christian healing, a vision of creation renewed (2000, p3). This renewal may happen in ways that are hidden, or even at the point of death, people may be spiritually healed. There may be, then a distinction then between curing and healing in this Christian context (Messer, p116-7)<sup>16</sup>, although both can and do occur so perhaps the distinction is still inadequate. Here the concern is with healing which brings about wholeness, whatever the physical outcome.

Hunsinger draws from the New Testament (NT) (Gal.6: 2: 1 Cor.12: 25) to remind the reader that Christians are called to bear one another's burdens, to care for each other, to build each other up, to intercede. (Hunsinger, 2006, x). Healing then, might be considered to be the ministry of all Christians, however they are able to exercise it.

This practice of CHM ranges across traditions from miracle liturgies, laying on of hands to pastoral counselling and intercessory prayer. Whilst all call on the healing power of Christ approaches and perhaps expectations vary. The practice considered here is one which aims to both work in partnership with classical medicine and also journey with people, through prayer, listening and pastoral counselling.

There are wider questions concerning suffering and why some are not healed in the way humanity may understand or want. However, this paper is not about the reasons for suffering but how we respond to it.

### **1.2.2. Reasons for the research.**

Like others who have become interested in Tournier's approach (Cox, in Cox et al, p11), this research has its genesis in my reading one of Tournier's books. At the end of his half a century of writing he wrote *Creative Suffering*. Reading this was, for me, a first attempt to read some theology following bereavement. I was drawn into Tournier's personal and accessible style of writing about the journey to equilibrium following loss of any kind, be it health, career, a loved one or hope. Catching my attention and inspiring me to study his

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<sup>15</sup> <http://www.christianhealinguk.org/about-us.html> (last accessed 21/3/2017).

<sup>16</sup> Messer is skeptical on this distinction.

theories of acceptance whilst allowing “God to do the mourning” (Tournier, 1982, p90) he created an image, for me, of ‘nailing my suffering to the cross’ (my words).

Returning to the beginning of Tournier’s lifelong work, I read several of his twenty books from his early book *Medicine of the Person* (1940) (later published as *Healing of the Persons*, 1965) and it was clear that the core of his belief and practice remained as his integrative approach to the person. His vast counselling experience over time moved him to apply his theories to various life events and phases such as old age, loneliness and bereavement.

This concept of ‘body, mind and spirit’ as an integrative approach is well rehearsed in the mainstream Christian healing organisations, even if not necessarily attributed to Tournier’s pioneering work or fully understood in the context of partnership with classical medicine. Further, Tournier’s praxis includes his dialogic counselling style and emphasis on the critical and restorative moment of encounter with Christ. Although his writing is ‘dated’ it holds theories and personal reflections that are worth putting to the test of further literature exploration and empirical research. The purpose would be to identify whether some points of Tournier’s practice can further develop the contemporary CHM.

### **1.2.3. Scope of the review.**

The scope of this review is to map out the work of Tournier, his commentators, current practice and some scientific evidence. This is all within the context of CHM as practised in the context previously described at para. 1.2.1 above.

## **2. Literature.**

### **2.1. Paul Tournier and his work.**

#### **2.1.1. Biography.**

Tournier is best understood through his life story, as he used it often to explain his theories and approach to healing. Frequent references to his life in his literature show that he understands himself through events and pivotal moments identifying as a practitioner, very closely with his personal as well as professional story. The elements of his life that influenced his practice will be explored further in the main body of the proposed thesis, but here is a short summary to provide context.

Tournier was born in 1898 in Switzerland. He was orphaned when he was five years old and remembers being extremely withdrawn and shy. Relatives paid for him to train for

medicine and he studied at the University of Geneva from 1917-23, gave speeches as the President of the Zofinga Student association and married in 1924. It was not until he joined the Oxford Group, founded by Frank Buchman (Sack, 2004), in 1932 and encountered their practice of meditation and sharing of reflections that Tournier learnt how to relate at a deep and spiritual level. His daily meditation and reflection, using Scripture and writing down his thoughts, transformed his medical practice and became a lifetime daily habit. He met his patients in his clinic in the day and then often invited them to his home in the evening to sit by his fire and 'open up'. Beginning to see positive results in his patients it led him to wonder if he should train in psychiatry or psychotherapy. He sought advice from friends and contemporaries, Freud and Jung among them. All encouraged him to not retrain but to pursue his unique approach that integrated medicine, psychology and spirituality (Cox et al 2007). He 'opted for the medicine of the whole person...' (Tournier 1982, pp35-36) which is how his praxis became known.

He wrote and spoke prolifically. His first book written in 1940 named *The Medicine of Persons* became his trademark and how he is still remembered. It encompasses not only this synthesis of the person but also the relationship between doctor, the person and Christ. Near the end of his life Tournier wrote '...so now, for forty years, in all my books, I have been trampling regardless over all the barriers which the analytical spirit of our civilisation has been erecting between the various disciplines....'. (Tournier, 1982, p36).

Tournier's actual practice would probably not be approved today, as he was unlicensed as a psychotherapist or counsellor. Further, medical doctors would not normally invite people to their fireside in the evening as they are guided by safeguarding and General Medical Council (GMC) guidelines<sup>17</sup>. However, his synthesis of the person and individual dialogue continue to be drawn upon today in CHM and medicine, both classical and alternative.

### **2.1.2 Literature.**

In this section I will make a critical examination of Tournier's literature; whilst written for his medical colleagues it is accessible to the layperson. He did not claim to have a system in his writing or his practice, so his ideas and themes recur among his personally reflective style. Collins says 'he wrote like an impressionist painter' (1980, p75) and Bergen (1983) on *Creative Suffering* that 'each page is like opening a present'.

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<sup>17</sup> General Medical Council guidance to be found at [http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp), (last accessed 28/3/2017).

A deeper analysis will be carried out in the main thesis but here I shall attempt to create a pathway through his literature, lectures and interviews examining his approach as follows. Beginning with his theology and doctrine (and meaning) of the person I will then further describe his theory of the medicine of the person. This informs what he described as 'soul healing', which includes his views on sin and disease, friendship in dialogue, Christ and acceptance. Within this analysis will be an exploration of his meditative prayer life and extensive use of Scripture. Both, he repeats, provided him with the source of wisdom and insight he needed from God. Finally, I will examine his theories on acceptance and creative suffering and conclude by drawing out aspects of his praxis that are distinctive and worthy of further research.

### *Theology.*

Tournier's practice and writing, his whole life, were founded on his faith. Raised and remaining a Calvinist, he was always tolerant of all denominations and other faiths. As will be discussed, his prayer life and his dependence on and detailed knowledge of Scripture and the work of theologians and philosophers were extensive for a man who did not claim to be a theologian. In addition to his medical and psychological studies, he read widely on theology, philosophy and spirituality. His work is spattered with references to the NT theology of Paul, drawing heavily on Paul's writing. In addition, and as examples, he referred to St Francis de Sales (1957, p69), Aquinas (1957, pp215, 220), Barth and Loyola in the same context of love and gentleness (1965, p155) and Calvin (1966, pp212, 228). His extensive reading throughout his lifetime included Plato, Wesley, Nietzsche and Pascal but he did not claim to have a system. Some have speculated that this self-proclaimed lack of system, in both his theology and his counselling practice, might have been a tactic for not being judged and not having to engage in controversy (Collins, 1988, p75). Certainly, this absence of a systematic approach enabled him to draw eclectically on a huge range of thought and literature to create his own theology, albeit unexpressed in any summary.

His theology was based on the Doctrine of the Triune God and, as such, is traditional and not unusual or distinctive. However, Tournier had a way of adding new dimensions and perspectives on Christian understanding. For example, his Christology was straightforward; Christ was unique in history as God revealing himself to humanity (1976, p133). However, Tournier continually related to the human life of Christ, his struggles, understanding of human nature and psyche and his mission to strengthen, heal and restore (1954, p152. 1976, p137). He provided new insights into details and conversations from the Gospel

narratives. For example, in relating Christ's last struggles he describes Jesus who was still 'feeling his way' until Golgotha and who is still alive today, waiting for mankind beyond death and resurrection, and providing humanity's ultimate hope and healing (1982, p140). So Tournier was a committed and active disciple; he believed in God the Creator who is Sovereign, (1954, p157), omnipotent, interested and involved in everything we do (1964, p10). Tournier's pneumatology was of the Spirit who provides our vitality, a Spirit who moves, intervenes, inspires and heals.

Tournier's theology was practically focussed but drew on continual study, thought and prayer, probing into the loving nature of God, adding new dimensions and life to well-known and heard doctrines and texts, believing that to be made in God's image is to be creative (1982, p130). Drawing on his understanding of Scripture in a refreshing way he believed God, as Creator, gives us boundless creativity, vitality and renewal (1965, p 186ff).

#### *Prayer and meditation, reliance on Scripture.*

Tournier began the practice of daily mediation and prayer after joining the Oxford Group in 1932. Unusually, he took a pen and paper to his meditation, writing his thoughts and revelations. He said that the silence of mediation was the way in, the route to God; God stimulates our thoughts through dialogue, leading to creativity and the ability to see people from God's point of view (1986, p13-14). Tournier maintained this practice until his death. He would often during his consultations, stop and ask the other person if they could listen in silence to God's voice. This foundation of bible study, prayer and reflection formed the basis of his praxis.

His detailed knowledge of the Bible did have a system. This was broadly twofold, the history of salvation and the answer to daily life questions. On the former he drew on Pascal '... we only understand life and death through Jesus Christ and so we need the Scriptures whose sole object is Jesus Christ...' (1954, p17). The Bible, said Tournier, shows God's purpose from creation to Incarnation to death and resurrection and having a unity and harmony from beginning to end. Unlike science, which, in Tournier's experience, was more fragmented, this underlying harmony shows the meaning and importance of even small events and the intervention of God in history (1954, pp28-33).

Through this pathway of Salvation history, he then used the Bible as a daily reference for answers to questions of life. Saying it 'sets man face to face with God', he noted that even the most proud and arrogant are humbled when faced with the truth of Scripture (1954, p28). Regarding the Bible as unique, providing evidence that God has revealed Himself

(1967, p195), Tournier turned to the Bible for inspiration, not in a random way but through his detailed knowledge of it. This practice was and still is adopted by the gatherings of his Society<sup>18</sup>. Tournier's Bible study is worthy of further exploration in the main thesis to better understand his hermeneutic.

*Doctrine, and meaning, of the Person.*

Tournier, when setting out his meaning of the person, again drew on Scripture. His anthropology is a theme throughout his writing, but he devoted a whole book to *The Meaning of Persons* (1957) in which he explains who he thinks we are in relation to God. He differentiates between the 'personage', that is what we can see and 'the person', that is the real being within.

Firstly though, Tournier begins with Genesis and God, who, through the Divine Word, the creative power, first called the 'inorganic world' into existence, followed by the biological world (1957, p103). God then created man from dust, not just as a body and a mind but also as spirit. He provides a particular insight into the Fall which he describes as 'to the point'. After Adam and Eve hid from God and covered themselves in fig leaves (Gen.3: 7), God arrived in the garden and made better clothes for them out of skins (Gen. 3:21). So it is, says Tournier, that God does not take away but provides more for us by providing finer clothes. He relates this to Paul inviting us to put on the new man, born of the Spirit (Col.3: 9-10) (1966b, p76). In many of his citings of Scripture, Tournier demonstrates his belief that God loves his created people and provides more than we could for ourselves.

Secondly, on the place of humanity within creation, he believed that God made people with the ability to question through consciousness and awareness. That which makes us different, Tournier says, is described as a breath in Genesis (Gen. 2:7) adding the description of an impulse, an echo of God's voice (1954, p22). This is an example of the vivacity, the added dimensions he contributes to that heard so often, so expanding his readers thinking.

He believed that if free will were taken from us then we would be no more than animals and that in order to grow, become fully 'person', we must make choices, including the choice to follow God or not (1954, p50).

Finally, 'the person', as Tournier described our real selves, is what makes us each unique. This 'person' is elusive, enigmatic, cannot be found through introspection and is constantly growing and changing. The 'person' is inside the 'personage' which is how we look, what

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<sup>18</sup> <http://www.medecinedelapersonne.org/en/presentation> (last accessed 10/4/2017).

we do, how we behave. We cannot see the person by observing 'distorted and varied images' of it. The person can only be understood by synthesis, not addition (1957, p21ff).

Tournier had a very clear doctrine of the person derived from his study and interpretation of the Bible. It is one of closeness, a friendship with a Creator and Sovereign God. Tournier assumes this from his reading of God's involvement with humankind since Creation. A further area for study in the thesis would be a comparative view of Tournier's Christian anthropology with that of others (for example, Barth, Webster, Green) again to understand his hermeneutic and how he differs from the view of others on God's purposes for humankind.

### *Medicine of the person.*

The 'medicine of the person' is the heart of Tournier's practice, the foundation of all that he did and wrote about. To many involved in healing today, a holistic approach seems unremarkable; indeed, it has become common parlance in many healing and medical circles. However, in Tournier's time it was revolutionary as medicine was often practised with an approach that Tournier considered reductionist (Cox, p19). He gave equal weight to the health of body, mind and spirit, not regarding them as separate (Cox, p18-19). Tournier was operating at a time when science and medicine were taking great strides in development and when society in Europe was reappraising itself after the Second World War (WW2).

In his own field of interest, Tournier's close contemporaries were Jung and Freud; he referred to their ground-breaking psychology frequently (1965, p36-39 & 75). However, Tournier believed that he was working with something different, a third dimension, that of the spiritual in relationship with Christ. Whilst acknowledging that Jung's psychology was more in tune with the spiritual than Freud's, he felt that neither of them really understood the significance of this third dimension.

Tournier believed that this difference, based on the relationship between the person and the doctor in the presence of God, was the distinctive feature of his work. He borrowed a phrase from Martin Buber: not 'I-It' but 'I-Thou' as the difference between medicine as practised at his time and his own style. By this he meant the doctor was fully engaged in person, in the relationship, bringing love and care into the consulting room. Then there is 'the flash': the moment when the two people suddenly commune, make contact, understand something deep that has been hidden and perhaps revealed by God in the room. This flash of communion makes the encounter reciprocal and progress can be made

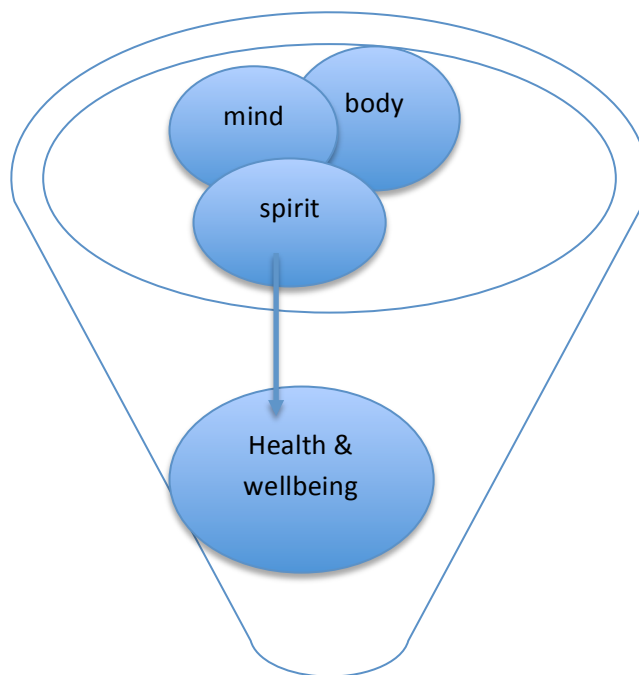


in a partnership (1986, p32-35). Western society had, he said, 'suppressed God'. He believed people had lost their personhood that belongs to God, resulting in their spiritual dimension and communion with God becoming incomprehensible (1986, p50-54). Consequently, the influence of what he describes as moral factors had been ignored by science, as had their influence on the emotions and thus the bodily functions.

The historical and social contexts of his writing and work need to be taken into account, as he was a revolutionary in his field among revolutionaries in many fields. However out of these interesting times came pioneers in science and medicine and Tournier's might be considered among them.

So Tournier's 'Medicine of the Person' concerns a three-way 'dialogue' between the person, the doctor and in the presence of God. He is remembered for the synthesis of body, mind and spirit but closer reading has revealed these unique 'Tournier elements' that include the breadth and depth of understanding, the personal input of the doctor through the bringing of self and love into the relationship and reliance on prayer and Scripture. Tournier's work is littered with personal anecdotes that demonstrate his own humanity and vulnerability that he shared in the consulting room. He saw, giving something of himself as essential, a relationship of equals, a dialogue in friendship.

Tournier's extensive literature on the medicine of the person has about it a fundamental core, which he spreads and applies liberally to all that he has to say on every matter, but always with a new anecdote and a freshness of approach. He said himself that the human spirit is elusive, cannot be seen or explained but must be 'well' and in touch with God through a relationship with Christ. Some early commentators read into his work that Tournier believed all sickness and disease, in one way or another, was brought about by the state of mind and spirit (Roushe, 1966, p83) but ambiguity in his later literature suggests he does not want to go quite that far in his assertions. This will be explored further in the thesis.



*Figure 1. Tournier's synthesis of body, mind and spirit.*

### **2.1.3. Tournier's approach to healing.**

In examining Tournier's approach to his practice, I have organised my comments into several themes: soul healing, dialogue, sin and forgiveness and creative suffering. These themes occur within his overall theory of the 'medicine of the person' and might all be considered as soul healing.

#### *Soul Healing.*

Tournier described healing as '...a sign of God's patience...intervening on the disordered state of nature, in order to postpone the inevitable outcome' (1954, p207). He considered healing to be a sign of God's grace, which is life enhancing even if it is in the face of inevitable death.

Tournier relished engagement, one-to-one dialogue, helping people. He wrote '... it is in personal fellowship, in the person-to-person relationship, when it is true, that I find a foretaste of heaven' (1972, p237). Tournier coined the phrase 'soul healing' (1965, p135) defining it as bringing souls into personal contact with Christ. As is characteristic, Tournier cites many examples of where and how he has done this and the beneficial effects on his

patients or clients (1965, pp 235-38). He also defined soul healing as a transformation of life.

The transformation was achieved by his approach and techniques, including his preparation through prayer and meditation, use of Scripture, giving of his time, listening and his approach to sin and forgiveness. These are explored further below, but are also subjects for further research, as there is a large body of literature from the sciences and theology to be explored and understood.

#### *Dialogue.*

Time, says Tournier, belongs to God and we are stewards of that time. Jesus took time to pray, to listen to God and others (1962, p27) and so therefore should the healer engage in prayer, meditation and listening. Tournier devoted his times to his patients; it was an act of love to him and the attentive listening, prayer and silence gave both him and his patient the opportunity to discern and find answers. He said that the Christian vocation is to reply to human suffering and devotion of time to people is how it is achieved (1962, p59).

Today's counselling practice requires a certain detachment whereas Tournier believed the opposite was true. His engagement was based on friendship, love and equality, and as a companion on the journey. This is a potential area for empirical research as it is unconventional but also a cornerstone of his healing practice.

#### *Sin and forgiveness.*

The 'healing of the soul' (Collins, 1980, p71) is at the heart of Tournier's praxis. This includes facing up to guilt and sin that is often seeded in childhood, which can erode our spirit and well-being (1958, p9ff). Each of his books addresses the problem of sin and guilt and the volume *Guilt and Grace* is devoted to how we should deal with one and embrace the other (1962).

He posits that every psychotherapist comes across the victims of moralism, particularly when it has come from within the family, and then provides a refreshing alternative that, instead we should purposively adopt rules of life for the love of God and derived from the Bible, which are life giving (1957, p118). He champions every person to be unreservedly themselves and not to be self-judging or to judge others (1958, p17). Counsellors need to pray so to be good spiritual healers and to be able to put themselves into a position where they can receive the confession, the secret that may never have been told, and help the person lift the burden. Tournier accepts that each individual will ultimately discard their

guilt in accordance with their religious tradition, but preparation by the befriender is important as is their willingness not to judge, but to help the person be free in Jesus Christ (1958, p22ff).

Tournier's early works speak of morals and the moral authority of the healer. This at first appears dated and austere as it has echoes of the superiority of the doctor and his judgment. However, as his writing is explored further, he presents a joyful image of a loving God who is waiting for people to be free of the crushing combination of guilt and sin.

He uses Scripture to some effect when he points out that even Jesus was subjected to an attempt by his parents to feel guilt when, as a boy, he returned to Jerusalem to speak with the Scribes (Luke 2:41-52). However, Jesus' reply that he was on his Father's business illustrated that '...his psychological health relied only on his total dependence on God -and so should ours' (1958, p69).

Tournier, on the one hand, is very serious about the eroding and destructive power of guilt but then dismisses the guilt once it has been dealt with and his literature expresses the joy and release that he believed this brings, telling us that the closer we are to God the more we experience his grace (1962, p41: 1958, p86-88).

### *Suffering and creative renewal.*

After decades of pastoral counselling Tournier wrote *Creative Suffering*. This book was inspired by his discovery that there was a strong historical correlation between deprivation in childhood (as he had by being orphaned young) and the emergence of notable leaders. Citing many examples (1982, p7ff) he drew a link between deprivation and creativity. He did concede at some point in his examples that there will be many for whom the opposite is true, presumably accepting that not everyone can emerge from childhood suffering with a 'will to power' as he called it (1982, p12).

Tournier remains silent on the causes of suffering; these are a mystery that have and always will 'torment' humankind (1986, p82). He asserts most strongly that suffering and illness are not a punishment meted out by God for our sin. Tournier says that if he did conflate the two his personal vocation to battle disease would be fighting against God. Although making connections to the Fall and the human tendency to 'know best', Tournier cites the words and actions of Jesus on two counts. Firstly, concerning the healing of the man born blind (John 9:1-5), Jesus replies in the negative to those who ask if the man or his parents have sinned. Instead, says Jesus, it is so in order to show the light of God in the world. Secondly, Tournier points out that Jesus' attitude to suffering was not to apply a

doctrine but to adopt a practical response, to listen, heal and relieve people (1986, p82-85). Although silent on its causes Tournier has plenty to say on how we can approach it and how God lives it with us.

Not only devoting a book to suffering, Tournier also placed the problem at the heart of his healing praxis, believing that embracing and accepting suffering whilst God endures it too is a significant step in the process of restoration and renewal., Referring to the crucifixion of Jesus Christ he points out that Christianity is the only religion with a suffering God (1986, p86). As such, he said, we have a God in heaven that has experienced the worst of sufferings and has passed through death where he waits for us.

Tournier posits that rejection of one's lot in life is harmful. He is quick to emphasise that the alternative of acceptance is a hard battle, not meaning liking the loss or suffering, but he posited that acceptance with a soul open to God allows a 'probable' renewal and new creativity. It is the way in which we react to suffering which makes the difference to progress (Tournier, 1982, p73 and 173).

Again, Tournier illustrated this anger and acceptance through Scripture. Jesus showed his own revolt by his questions to his Father at Gethsemane (Matt.26: 39) and Golgotha (Matt.27: 46) before his acceptance on the Cross (Luke 23:46). Unlike Freud, who believed that there should be severance from the thing or person lost (1981, p58ff), Tournier advocated an embrace, a facing up to it, made possible in companionship with the suffering God of Jesus and with the love of friends, but also of the doctor/ befriender who walks alongside. Tournier claimed love to be better than medicine and, with prayer, are all that can be done for the spiritual renewal of a person who is suffering (1986, p39).

## **2.2. Summary of Tournier's literature and his praxis.**

Tournier's literature does not have a system, but has themes. Each book has its own focus and, likewise, each chapter has a new rationale and full of anecdote and personal reflection. He uses examples to the full, sometimes perhaps simplistically as there are not too many records of failures, although he did, of course, have some. The review of his literature here has emerged from around half of his books and some of his lectures.

On the constructive side, his literature is friendly and personable, but reading him across a time spectrum his views subtly change from early certainty to later slight ambiguity on subjects such as the relationship between sin and disease and the causes of illness, whilst he remains firm on the importance of prayer and 'medicine of the person'.

His books were very popular at this stage in the development of psychotherapy and Christian counselling, which is perhaps why he wrote prolifically and on life themes, to meet demand but also because he enjoyed it, it was a gift which accompanied his counselling technique.

Tournier's praxis assumes that the parties concerned have or are at least open to faith and belief and that the 'client' has the disposition to leave their problem with God. There is a note of caution in imagining situations that are inconclusive, bewildering or where the mental health of the individual is intractable. For many, no amount of attempt at soul healing would take away the pain of, say, the unresolved disappearance of a loved one, the extreme pain and loss experienced by war victims and refugees. There are many scenarios one can imagine that would be hard to embrace in Tournier's way.

In summary his literature might be considered to be accessible, compelling and inspirational, with something still to offer CHM but needs to be placed alongside the views and experience of others and combined with modern day evidence and practice.

Turning to the distinctive nature of his work, Tournier's holistic approach is no longer new, and has been accepted into many schools of thought. The distinctive nature of his praxis is around his soul healing. Personal prayer and reflection, giving of himself, making himself vulnerable enabled him to achieve that second element 'the flash' with his patient. Working on this communion with the person he then, through a combined approach of listening, making time for people and deeply caring for their health and well-being, was able to bring them to self-awareness, to unburdening of their guilt and anxieties and then onwards to an inner healing.

Cox suggests Tournier was one of the first of those we might term a reflective practitioner and was indeed, very practical rather than theoretical (Cox, p23-24). Tournier would have responded that he had 'no method, no objective, no procedure' but took himself into the room with his expertise and waited on God (1986, p32).

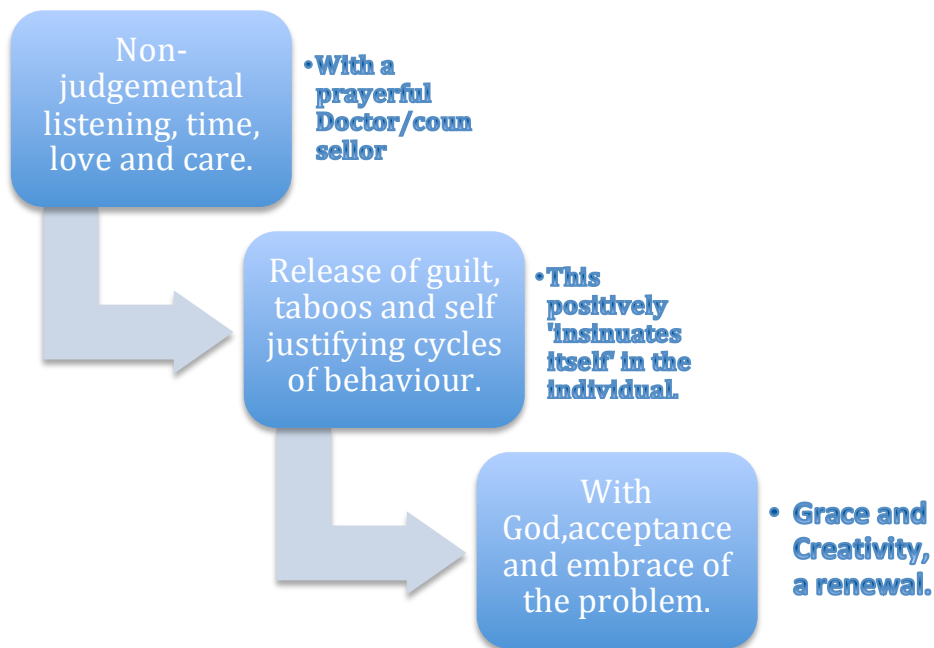


Figure 2. A summary of Tournier's approach to caring for the whole person and healing.

Having extensively explored Tournier, the next steps are to review literature that relates to his theories either directly or indirectly and to briefly review any relevant policy and guidance material on Christian healing. There is a large amount of literature on CHM but the following sections aim to narrow the focus to related work.

- Significant commentaries from other writers on his work.
- A brief review of other, relevant literature that relates to Tournier's theories.
- A summary of contemporary, respected literature or guidance and policy on Christian healing ministry (CHM that reflects the approach of Tournier.

### 3. Literature about Tournier.

This section will consider literature and reviews of Tournier's work from his lifetime, followed by research and the opinions of today.

During the time of their writing his books were extensively reviewed, although some of the early material is now not available. The positive reviews considered his work to be inspirational, warm and hopeful (Bergen, 1984). Others wondered if his approach was simplistic or naïve, considering the physician as 'omnicompetent', perhaps an echo of his background and training (Roush, 1966).

Appel noted the influence of Buchman in his review of 'The Healing of the Persons', this including the practice of meditation and the creative and emergent nature of the Divine who wants humankind to share in his adventure. Appel also notes the unconventional practice of Tournier's personal dialogue in psychotherapy and, along with other reviewers of Tournier's books, notes their lack of system both in the construction and in an approach to a psychotherapy that could be taught (Appel, 1966). Solem (1965) categorically disagreed that Buchman influenced Tournier's seminal book, even though it is dedicated to this founder of the Oxford Group where Tournier was formed in his Christian practice.

The extent to which Tournier was influenced by the Oxford Group and Buchman, an influential character whose reputation varied before and post WW2, is worthy of some further research when considering the origins of Tournier's anthropology and theology.

During the later years of Tournier's life, when pastoral counselling was emerging as a popular concept, his practice was evaluated and considered to be effective and relevant as a Christian approach. One of his more prominent commentators, Collins, wrote quite extensively on Tournier and summarised his approach into four areas.

- Breaking out of vicious circles and self-justification with the help of counselling and confession to a trusted person.
- Expansion of the field of consciousness: what is the subconscious saying to the unconscious? Again, Tournier believed that this cannot be done alone.
- Acceptance of what is happening, what has already happened and acceptance of ourselves. He believed this might be preceded by rebellion or anger.
- Soul healing, as described above, and the important dimension of the introduction of Jesus Christ into the life of the person with the transforming power that Tournier believed that could bring (Collins, 1980, pp55-81).

Superimposing this structure of Collins' over Tournier's unsystematic approach is a reasonable approach, but perhaps underplays the aspects of the prayer and spiritual life of the counsellor and their subsequent input into the dialogue, which becomes three-way. The multi-dimensional factors of Tournier's praxis are difficult to capture; the requirement for a multi-faceted approach, which includes the spiritual, is not easily captured. Further, for the layperson, the implication that aspects of this approach need help, probably in the form of professional counselling, might be seen as limiting. How the layperson can adopt aspects of Tournier's approach is the subject of the proposed research and it is suggested that this can be explored by further literature and empirical research.



Collins also explored Tournier's Christian psychology in a single volume (Collins, 1973). He acknowledges that Tournier lacks system and there is an underlying impression that he believed this may have been deliberate on Tournier's part to avoid controversy, but Collins still maintained that there was much to be learned from Tournier's practice (Malony, 1974).

Today, Tournier still has a following, particularly among the medical and scientific communities who work to see his approach embraced in contemporary practice.

Among those who explicitly write on his work are Cox and Clark (2007) in a volume (Cox et al, 2007) that considers, largely, how Tournier's practice can be utilised.

Cox, too, notes that Tournier's practice might not be ethically appropriate today, as it was personal and probably unregulated. However, he points out that this style of being an interdisciplinary and reflective practitioner could well inform today's regulated professions and contribute to the person-centred approach that is being discussed in health care (2007, p21). Cox emphasises the point that the doctor or practitioner is the other half of the partnership and considers this to be important for contemporary practice (2007, p19).

In the same publication, Clark, a theologian, explores in some detail the Biblical themes in Tournier's literature, arguing that his attention to Scripture and his firm faith enabled him to help many people through his practice and his writing. Clark wondered if he was ahead of his time in his understanding that religion and science can complement each other (Cox et al, 2007, p56-69).

Further this publication explores whether the contradiction of Tournier's strong Christ-centred approach, set alongside his religious tolerance, results in the medicine of the person being transferable to other spiritualities (Cox et al, 2007, pp23 and p83ff). This raises the central question: what is the distinctive nature of Christian healing? Did Tournier, in his religious tolerance, lose sight of the fact that a main feature of his 'medicine of the person' was to bring Christ into the room, or did his Universalist approach mean that his synthesis of body, mind and spirit is transferable to any or no religion? The aim of the proposed research is to ask if Christian healing is distinctive and so this question needs further research.

Finally, that there is a society dedicated to the furtherance of Tournier's 'medicine of the person' which seems to be thriving, having an annual conference with around seventy delegates who continue the practice of Bible study and address questions of medical ethics and practice through the lens of Tournier's theories. Their website contains records of their

deliberations and discussions where, interestingly, they now allow lay people to attend their conferences<sup>19</sup>.

#### **4. Other Literature.**

This section will briefly map out literature that refers to Tournier or draws on aspects of his approach.

Tournier's name appears often in related literature, both in the CHM and in some medical or scientific literature that aims to promote a holistic, person centred approach. It seems his concept has influenced widely and is used or quoted to illustrate change needed from any reductionist or generalist approach in medicine.

An example of this is Cox, writing on how evidence-based medicine of the person might be used in psychiatry, which, in turn can help manage patients in general medicine (Cox, 2008). Cox draws on Tournier's person-centred approach to propose further research in this area.

There is some original and developing theological research that relates to, for example, the importance of sin and forgiveness in healing (Griffin et al, 2014: Reeves, 1962). Additionally, there has been research into trauma healing (Hunsinger, 2011), pastoral care (Hunsinger, 2006: Cavanaugh, 2016), and the translation of Cognitive Behavioural Therapies (CBT) into the Christian tradition (Draper, 2016: Meredith 2012).

In the secular field, there is growing understanding of the benefits of psychological therapies, such as Mindfulness (Williams and Penman, 2011) and Acceptance and Commitment Therapy (ACT) (Hayes, 2006). Both are derived from CBT and may further inform some aspects of Tournier's work.

These are some examples of the widening field of research which is based on the similar concepts as Tournier's and it is proposed that the thesis should include further exploration of recent research in the above subjects, both scientific and theological, to test if Tournier's theories have stood the test of time.

#### **5. Practice and Guidance.**

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<sup>19</sup> Medicine de la Personne International Group found at:  
<http://www.medecinedelapersonne.org/en> (last accessed 30/3/2107)

This section will briefly map available Church guidance and teaching and some of the available literature on Christian healing of which there is a vast body.

Over the several decades since Tournier's death his ideas have been distributed and incorporated into Christian healing and counselling practice. Whether he has been attributed or not, his approach to the whole person is probably accepted in CHM and, indeed, his ideas have been developed in the years that have passed since he finished his work (Hunsinger, 2011: Aldridge, 1987: Meredith, 2011, p1).

In the more popular but respected literature about Christian healing, the concept of wholeness, the importance of prayer and listening are integral in the practice of healing (Parker, 2001: Maddocks, 2008: Aldridge, 1987). Indeed, Acorn CHF's cornerstone of its ministry is active Christian listening and has been selling the 'product' of this training for this ministry since its foundation<sup>20</sup>.

Tournier's praxis of the medicine of the person and his distinctive 'third dimension' echo throughout respected CHM practice. However, some empirical research with CHM practitioners to further investigate aspects such as the place of Scripture, prayer and meditation and 'three way' dialogue would illuminate whether some of Tournier's approach has been diluted or is still practised and providing distinction. It is probable that Christian praxis is governed by secular practice and guidelines and some may find Tournier's enthusiastic and paternal approach difficult to adopt.

The Church of England has issued practical guidelines and the underpinning theology of the ministry of healing (Archbishops Council, 2000). This also provides guidance on associated matters such as safeguarding, professionalism and confidentiality<sup>21</sup>. This paper will not explore the practical arrangements for CHM but assumes that best practice refers to up-to-date guidance and legislation on issues such as mental health, safeguarding and other issues that protect both parties.

The Catholic Church affirms the Sacraments of Reconciliation and anointing as providing deep healing in their connection with God, in the name of Christ and through the action of

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<sup>20</sup> Acorn CHF, <https://www.acornchristian.org> (last accessed 7/3/2017).

<sup>21</sup> Church of England guidance on the healing ministry, available at <http://www.healingministry.org.uk/good-practice.html> (last accessed 30/3/2017).

the Holy Spirit<sup>22</sup>. There is some work to do aligning the traditional teaching and the growing lay ministry that is evident in some organisations associated with the Church<sup>23</sup>.

## **6. Summary and areas for future study.**

This literature review has explored the work of Paul Tournier extensively. Tournier's style, though dated, is accessible and has inspired a following. He used his need to write and speak to great effect and as such was true to his vocations to relieve suffering and be evangelical by bringing Christ 'into the room'. His literature uses his life story and other people's stories to create a vast and colourful canvas for those who wish to follow in his footsteps for an integrated approach to science, medicine and soul matters.

The review of related literature indicates that his work has inspired others to explore aspects of his approach but some of his theories have occurred naturally through research and practice and have taken on a life and praxis of their own.

There remains, though, a praxis which is uniquely Tournier: the immersion of himself into his counselling and his subsequent three-way dialogue which leaves areas for further study and research.

The areas for further study, identified through this review, are proposed as follows.

- To better understand Tournier's theology and doctrine of the person, further explorations of the following are proposed:
  - Tournier's use of Scripture and hermeneutic.
  - A comparative view of his Christian anthropology with others (e.g., Barth, Webster, Green).
  - The extent to which Tournier's theology and praxis were influenced by Buchman and the Oxford Group.

How Tournier's praxis might further develop a lay CHM by further literary and empirical research, specifically:

- Which aspects of his praxis are distinctive and make an original contribution.
- The view of modern practitioners in CHM on Tournier's 'total engagement' and whether it is considered appropriate today.

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<sup>22</sup> Catholic Church teaching on healing available at, [http://w2.vatican.va/content/francesco/en/audiences/2014/documents/papa-francesco\\_20140219\\_udienza-generale.html](http://w2.vatican.va/content/francesco/en/audiences/2014/documents/papa-francesco_20140219_udienza-generale.html) (last accessed 30/3/2017).

<sup>23</sup> Organisations with roots in the Catholic Church such as The Little Ways Healing Ministry found at <http://www.littlewayhealingministries.com> (last accessed 5/2/2017).

- Further exploration of recent research in the above subjects, both scientific and theological, to test if Tournier's theories have stood the test of time.
- Finally, on the distinctive nature of Christian healing, did Tournier, in his religious tolerance, lose sight of the fact that the main feature of his 'medicine of the person' was to bring Christ into the room, or is a synthesis of body, mind and spirit enough?

The final point will address the main theme of the distinctive nature of Christian healing.

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## **Appendix 2. Ethics invitations and consent**

### **Form 1a**

**University of Winchester.**

#### **Invitation to participate in a study (Interview)**

Dear

I am writing to invite you to participate in a study as part of my post-graduate research. Below is the information to help you decide if you would like to participate.

Study Title: Developing a Practical Theology of the Christian Ministry of Healing, in dialogue with the work of Paul Tournier.

Invitation.

This study is part of my research for a Professional Doctorate in Theology and Practice at the University of Winchester and is an invitation for you to take part in the project by participating in a semi-structured interview. Before you decide whether or not to participate I would like to explain what the research involves and what you will have to do. So please do take time to read the following and contact me if anything is unclear.

Participation.

Your participation in the project is entirely voluntary and you can withdraw without prejudice at any time.

Purpose of the Study.

The purpose of the study is to explore the distinctive nature of Christian healing in dialogue with the work and literature of Paul Tournier. Tournier was a Physician and Christian who practiced from circa 1925 to 1985. He developed a practice, unique at the time, of counselling and therapy through the synthesis of body, mind and spirit. He believed that there was a 'third dimension' in the way he helped people. This he described as an encounter with Christ thus bringing about a three-way dialogue with himself, the individual and the presence of God in the room.

The purpose of inviting you to participate in the study is because you are a practitioner in the Christian healing ministry and I would value your experience and thoughts on the distinctive nature of Christian healing. The results will be added to library research and the aim is to further develop the Christian ministry of healing.

Procedure.

The procedure will be as follows:

- The intention is to invite participants who are practitioners in the Ministry. I have purposefully not set out to invite those who may be vulnerable or where there are great sensitivities. However, you may feel that there are reasons why you do not wish to participate and no explanation is needed if you decline, and no judgement will be made.
- If you do agree to participate I would ask that you confirm that you have some support or supervision in place as a condition of participation.
- If you agree to participate your written, informed consent will be requested with confirmation that you do have such support or supervision in place.
- We will then meet for a semi-structured interview when I would invite you to join discuss your experiences, view and beliefs on Christian healing. This will be recorded using audio-equipment and then transcribed by an outside party.
- All the data will then be analysed using software that looks for recurring themes and this information will then provide a picture and evidence to inform the study.
- To test the results, it may be useful to hold one or two post-research discussion groups to explore the findings. You may wish to participate in this but again it is entirely voluntary.

Confidentiality.

Your participation in this will be entirely:

- Voluntary.
- Confidential, with the understanding that any information disclosed that concerns the harm of others, will have to be reported.
- Anonymised, as will any information you may give at the interview.
- To repeat, you may withdraw at any time.

The evaluation and results will be otherwise confidential and you or any names you may mention in the course of the interview will not be identifiable from the results. Any information you give can be withdrawn: you will be sent a transcript of the interview. The research will feed into a thesis that is being supervised by University of Winchester staff and will be externally and internally examined, and thereafter stored in the University library. The detailed records of the conversations will be kept in locked files and deleted six months after the completion of the work.

*For those associated with Acorn CHF.*

*If you are a member of staff or volunteer with Acorn CHF then I would assure you that you are under no obligation to participate. You are invited because of your experience.*

*The results will not be used in the course of Acorn's business. Further my role in this study is as a Doctoral student at the University of Winchester and not in my Acorn role.*

*If you have any concerns during the process you will be able to raise them, completely anonymously, with named members of the Acorn Leadership Team or Board of Trustees.*

*Additionally, Rev Wes Sutton (Acorn Director) and Dr Moy Gill (Acorn Trustee) have agreed the process in relation to Acorn staff and volunteers and will be the named individuals for raising concerns in that organisation.*

Approval. The Study has been approved by the University of Winchester Department of Theology, Religion and Philosophy and the University 's Ethics Sub Committee.

Contact. For information contact [E.Slinn.13@unimail.winchester.ac.uk](mailto:E.Slinn.13@unimail.winchester.ac.uk) or Professor Neil Messer: [Neil.Messer@winchester.ac.uk](mailto:Neil.Messer@winchester.ac.uk)

Elizabeth Slinn. April 2018

**Form 2a**

**University of Winchester**

**Invitation to participate in a post-interview discussion group.**

Dear

I am writing to invite you to participate in a study discussion as part of my post-graduate research. Below is the information to help you decide if you would like to participate.

Study Title: Developing a Practical Theology of the Christian Ministry of healing, in dialogue with the work of Paul Tournier.

Invitation.

This study is part of my research for a Professional Doctorate in Theology and Practice at the University of Winchester and is an invitation for you to take part in the project by participating in a post-research discussion group. Before you decide whether or not to participate I would like to explain what the research involves and what you will have to do. So please do take time to read the following and contact me if anything is unclear.

Participation.

Your participation in the project is entirely voluntary and you can withdraw without prejudice at any time.

Purpose of the Study.

The purpose of the study is to explore the distinctive nature of Christian healing in dialogue with the work and literature of Paul Tournier. Tournier was a Physician and Christian who practised from circa 1925 to 1985. He developed a practice, unique at the time, of counselling and therapy through the synthesis of body, mind and spirit. He believed that there was a 'third dimension' in the way he helped people. This he described as an encounter with Christ thus bringing about a three-way dialogue with himself, the individual and the presence of God in the room.

The purpose of inviting you to participate in the study discussion group is because you are a practitioner in the Christian healing ministry and I would value your experience and thoughts on the distinctive nature of Christian healing. The results will be added to library research and the aim is to further develop the Christian ministry of healing.

Procedure.

The procedure will be as follows:

- The intention is to invite participants who are practitioners in the Ministry to participate in a discussion on the results of research from semi structured interviews.
- The results will have been collated and analysed using computer software and I will need to test them out with practitioners. I have purposefully not set out to invite those who may be vulnerable or where there are great sensitivities. However, you may feel that there are reasons why you do not wish to participate and no explanation is needed if you decline, and no judgement will be made.
- If you do agree to participate I would ask that you confirm that you have some support or supervision in place as a condition of participation.
- If you agree to participate your written, informed consent will be requested with confirmation that you do have such support or supervision in place.
- We will then meet for a small discussion group to discuss the results in the context of your experiences, view and beliefs on Christian healing. This will be recorded using audio-equipment and then transcribed by an outside party.
- The discussions will supplement the empirical research and provide further evidence to inform the study.

Confidentiality.

Your participation in this will be entirely:

- Voluntary.
- Confidential, with the understanding that any information disclosed which concerns the harm of others, will have to be reported.
- Anonymised, as will any information you may give at the interview.
- To repeat, you may withdraw at any time.

The evaluation and results will be otherwise confidential and you or any names you may mention in the course of the interview will not be identifiable from the results. Any information you give can be withdrawn: you will be sent a transcript of the interview. Records of conversations will be kept in a secured file for six months and then destroyed.

*For those associated with Acorn CHF.*

*If you are a member of staff or volunteer with Acorn CHF then I would assure you that you are under no obligation to participate. You are invited because of your experience. The results will not be used in the course of Acorn's business. Further my role in this study is as a Doctoral student at the University of Winchester and not in my Acorn role.*

*If you have any concerns during the process you will be able to raise them, completely anonymously, with named members of the Acorn Leadership Team or Board of Trustees.*

*Additionally, Rev Wes Sutton (Acorn Director) and Dr Moy Gill (Acorn Trustee) have agreed the process in relation to Acorn staff and volunteers and will be the named individuals for raising concerns in that organisation.*

Approval. The Study has been approved by the University of Winchester Department of Theology, Religion and Philosophy and the University 's Ethics Sub Committee.

Contact. For information contact [E.Slinn.13@unimail.winchester.ac.uk](mailto:E.Slinn.13@unimail.winchester.ac.uk) or Professor Neil Messer: [Neil.Messer@winchester.ac.uk](mailto:Neil.Messer@winchester.ac.uk)

Elizabeth Slinn. May 2017.

**Form 1b**

**University of Winchester.  
Consent to participate in a study.**

**Developing a Practical Theology of the Christian Ministry of healing, in dialogue with the  
work of Paul Tournier.**

**About the study:**

The study involves one to one semi-structured interviews on Christian healing in which you have agreed to participate.

Your participation is entirely:

- Voluntary.
- Confidential.
- Anonymised, as will any information you may give at the interview.
- You may withdraw at any time without explanation or judgement.

Further, the evaluation and results will be entirely confidential and you or any names you may mention in the course of the interview will not be identifiable from the results. Any information you give can be withdrawn.

The interview will be recorded and you will be sent a transcript of the interview. This will be typed by an outside party who will also agree to the rules of confidentiality. The research will feed into a thesis that is being supervised by University of Winchester staff and will be externally and internally examined, and thereafter stored in the University library. Detailed records of the conversations will be kept in locked files and destroyed six months after completion of the thesis.

*For those associated with Acorn CHF.*

*If you are a member of staff or volunteer with Acorn CHF then you are assured that you that you are under no obligation to participate. You are invited because of your experience. The results will not be used in the course of Acorn's business. Further my role in this study is as a Doctoral student at the University of Winchester and not in my Acorn role.*

*If you have any concerns during the process you will be able to raise them, completely anonymously, with named members of the Acorn Leadership Team or Board of Trustees.*

I give my informed consent to participate in this study by agreeing to engage in a one to one interview on the subject of Christian healing. I confirm that I have read and understood the information above. I also understand that I can withdraw at any time without prejudice or explanation and that all of the information will be anonymised and treated in confidence. I have support or supervision in place should I need it following the interview.

Signed \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_



Contact. For information contact [E.Slinn.13@unimail.winchester.ac.uk](mailto:E.Slinn.13@unimail.winchester.ac.uk) or Professor Neil Messer: [Neil.Messer@winchester.ac.uk](mailto:Neil.Messer@winchester.ac.uk)

*For Acorn staff and volunteers if you have any concerns the named contacts are:(as before)*

**Form 2b**

**University of Winchester.**

**Consent to participate in a post-interview discussion group.**

About the study:

The study involves participating in a post-research discussion group on Christian healing, in which you have agreed to participate.

Your participation is entirely:

- Voluntary.
- Confidential, with the understanding that any information disclosed that concerns the harm of others, would have to be reported.
- Anonymised, as will any information you may give at the interview.
- You may withdraw at any time without explanation or judgement.

The evaluation and results will be otherwise confidential and you or any names you may mention in the course of the interview will not be identifiable from the results. Any information you give can be withdrawn.

The discussion will be recorded and you will be sent a transcript. This will be typed by an outside party who will also agree to the rules of confidentiality. The research will feed into a thesis that is being supervised by University of Winchester staff and will be externally and internally examined, and thereafter stored in the University library. Detailed records of the conversations will be kept in locked files and destroyed six months after completion of the thesis.

*For those associated with Acorn CHF.*

*If you are a member of staff or volunteer with Acorn CHF then you are assured that you that you are under no obligation to participate. You are invited because of your experience. The results will not be used in the course of Acorn's business. Further my role in this study is as a Doctoral student at the University of Winchester and not in my Acorn role.*

*If you have any concerns during the process you will be able to raise them, completely anonymously, with named members of the Acorn Leadership Team or Board of Trustees.*

I give my informed consent to participate in this study by agreeing to engage in a one to one interview on the subject of Christian healing. I confirm that I have read and understood the information above. I also understand that I can withdraw at any time without prejudice

or explanation and that all of the information will be anonymized and treated in confidence. I have support or supervision in place should I need it following the interview.

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Contact. For information contact [E.Slinn.13@unimail.winchester.ac.uk](mailto:E.Slinn.13@unimail.winchester.ac.uk) or Professor Neil Messer: [Neil.Messer@winchester.ac.uk](mailto:Neil.Messer@winchester.ac.uk)

*[For Acorn staff and volunteers if you have any concerns the named contacts are:](#)*

*[Rev Wes Sutton: wsutton@acornchristian.org](mailto:wsutton@acornchristian.org)*

*[Dr Moy Gill: mecgill@ntlworld.com](mailto:mecgill@ntlworld.com)*

## Appendix 3. Interview schedule

### **Tournier Research for Christian Healing Ministry.**

#### **Schedule for interviews and focus groups.**

Preamble to explain the research, the approach of using quotes and thoughts from Tournier, the ethics, the process and the right to withdraw. Explain that there are no right or wrong answers, just thoughts and experience. The longer questions will have the aid of cards with the text to help the interviewee to see and hear the question.

**Q1.** Getting to know the interviewee. Could you describe your role and practice in the Christian Healing Ministry (CHM)?

**Q2.** Tournier had some particular thoughts on listening. Some of these thoughts from his work include 'Following then the example of our Lord, let us give a big place in our lives to intimate conversations and private communion with God' and '... it is in personal fellowship, in the person-to-person relationship, when it is true, that I find a foretaste of heaven.'

- In what way might Tournier's ideas on listening have resonance for you?
- Can you see any link between Tournier's ideas on listening and your own practice?

**Q3.** Befriending and Dialogue. Tournier believed that the counsellor should be fully engaged in person, in the relationship, bringing love and care into the consulting room.

Through the use of dialogue, he tried to help people understand themselves so they could begin to see the answer to their own problems. This he did through conversation, not by preaching, or being aloof, but by metaphorically walking with them.

- How close or 'fully invested' do you feel it is appropriate for you to be with people in your practice in the Christian Healing Ministry (CHM)?
- Does Tournier's approach resonate with you or do you think a professional distance is preferable?

**Q4.** Moving on to prayer and Scripture. Tournier cited Emil Brunner 'Let us read the Bible thinking constantly of our daily lives and let us live our lives thinking constantly of the Bible' and, to encourage his fellow doctors; 'The Bible is the book of the drama of life and for us doctors...it is of absorbing interest' and, again, '...it (the Bible) sets man face to face with

God', noting that even the most proud and arrogant are humbled when faced with the truth of scripture.

- To what extent do you use the Bible in your practice?
- Could you describe your own thoughts and beliefs about scripture in your practice?

**Q5. A Question of prayer.**

Tournier adopted the practice of daily meditation from his early adult years until the end of his life. He said these things; 'For both the doctor and the patient, the integration of the person is accomplished essentially in meditation; for to mediate is to be led by God to the discovery of ourselves'. He believed that contemplative prayer expands the field of consciousness and reveals all of our negative aspects to ourselves, particularly sin. Prayer was the source of his inspiration and energy.

- Does this speak to you? Might you pray before, during or after encounters with people, or all three?

**Q6.** Sin, he claimed, was the 'basic problem of the human condition, the sin to which people naturally shut their eyes and which wears them down'. Tournier believed that sin is corrosive, preventing us from being the person we are meant to be. For example, he described that whilst it is commonly accepted and understood that guilt can cause insomnia, it becomes more serious when guilt plays a pathogenic role in illnesses.

- Is sin a subject you feel able to talk about with people you are helping?
- How might you help someone be released from sin and guilt?

**Q7.** At the heart of Tournier's work was the 'medicine of the person'. He approached healing by a synthesis of understanding a person's wellbeing of body, mind and spirit or soul, aiming to help people find a balance, equilibrium.

Tournier named this approach 'soul-healing', and 'medicine of the person'. Another named it 'dialogue counselling' and others think of Tournier's work as 'holistic' or a 'whole person' or 'integrated' approach. However it is named, Tournier's quest was in search of the person, the original creation. 'We can only grasp an image of ourselves...only God knows us'. 'We are fluid and changing...'

- In what way can you relate to this idea of the person, of wholeness?
- How far does this fit with your own practice, if at all?

**Q8.** A triologue and a flash. Tournier described a moment, a 'flash' when Jesus enters the room, he believed that is the moment when healing begins.

He said 'In Christian soul-healing I always feel I am taking people on a tour of their minds'. He described this process as entering a darkened room and gradually, by the light of Jesus Christ, vague shapes begin to be made clear and we can see what could not be seen.

So Tournier's 'Medicine of the Person' concerns a three-way 'trialogue' between the person, the doctor and in the presence of Christ.

- Do you recognise this experience this 'flash' or an awareness of Christ in the room when helping people heal?
- Could you describe any similar experiences?

**Q9.** On grace and acceptance. Tournier said 'Acceptance plays such an important part in our development that I come back to it in every book I write...but in my youthful zeal I tended to treat it as black and white: I failed to see there were shades in between...to preach acceptance to someone in revolt is to aggravate their distress' and 'there are acceptances that only God can demand of us, because it is his love which makes acceptance' and '...acceptance is a tangle; it is complex, not simple but can be untangled with the help of the Christ if we allow him to.'

This does not, he said, mean that people have to carry burdens that are too great (citing Luke 11:46) but found that acceptance releases God's grace.

'Forgiveness is grace' he said and we often resist that grace by refusing to let go of 'the guilt of unfinished business' and then we do not grow. 'We have little control over the events of our lives...what we are responsible for is our reaction to those events...our reaction depends on the help that others give us.... I always think it is the grace of God which inspires a person to make the move towards that true encounter...' (1986, p133).

- How do Tournier's ideas on grace and acceptance resonate with you? If so, why do you think acceptance and grace are important?
- Do you have any examples of seeing God's grace released in someone through acceptance or forgiveness, or both?

**Q10.** Tournier also believed that the community played a large part in healing by support and encouragement. 'We should be courageous' Tournier exhorted, and 'encourage courage in each other'. He said that society is a 'vast laboratory of mutual encouragement'.

- What are your thoughts and experience on the importance of community, particularly Church community in healing and renewal? How important is this?

**Q11.** Although a practising Christian, Tournier was sometimes thought of as a Universalist.

He said 'I believe that this great plan of salvation is universal, it concerns not only all men but also the universality of the world and that Jesus on the Cross has accomplished this Salvation, this reconciliation of men with God...' and 'this plan of God therefore seems to be collective, global, and universal'.

- How do you respond to someone who does not believe and yet comes for healing and help? How important is faith in Christ in your practice?

**ES April 2018**

## Appendix 4. Audit trail

### DTh Interview and Discussion Audit Trail

Name	Invitation sent	Consent and interview	Transcript sent	Consent to use	Name	Invitation sent	Consent and interview	Transcript sent	Consent to use
JW	4/4/18	14/4/18	28/6/18	29/6/18	AW	11/5/18	19/6/18	30/7/18	2/8/18
WA	11/5/18	5/6/18	Agreed	Agreed	CG	31/5/18	25/6/18	28/10/18	31/10/18
PM	11/5/18	20/6/18	23/7/18	Agreed					
AK	11/5/18	29/6/18	16/10/18	Agreed	JN	6/6/18	12/9/18	23/10/18	27/10/18 Done
NB	24/5/18	6/6/18	28/6/18	Received back, edited and agreed.	PG	27/7/18	19/9/18	29/10/18	29/10/18
LA JA	11/5/18 11/5/18	5/6/18	tick	18/8/18 Done	FR	25/5/18	16/7/18	27/7/18	agreed
AS MM	11/5/18	16/7/18	30/7/18	Anne done, Moy agreed	GE DE	31/5/18	31/7/18	tick	Agreed x2
GA/GB	11/5/18	30/5/18	23/7/18	1/8/18 with edits	HC	26/6/18	19/7/18	tick	Agreed x2
Name	Invitation	Consent /Interview	Transcript sent	Consent to use	Name	Invitation	Consent & Interview	Transcript sent	Consent to use
JO	25/5/18	No reply							
ABB	11/5/18	No							
LGR	11/5/18	No reply							
HC	29/5/18	No to interview but met.							
DDP	31/5/18	No reply							
JC	8/5/18	No to interview, yes to meeting.	Consent to use his writings						



TH	31/5/18	No reply			FG1	1/6/19	Met 3/7/19	20/11/19	Assent by silence
FG 2	1/6/19	Met 27/6/19	20/11/19	Assent by silence, one edit.	FG3	15/7/19	22/7/19	20/11/19	Assent by silence, one edit

ES 4/11/18 (updated 16/12/19).

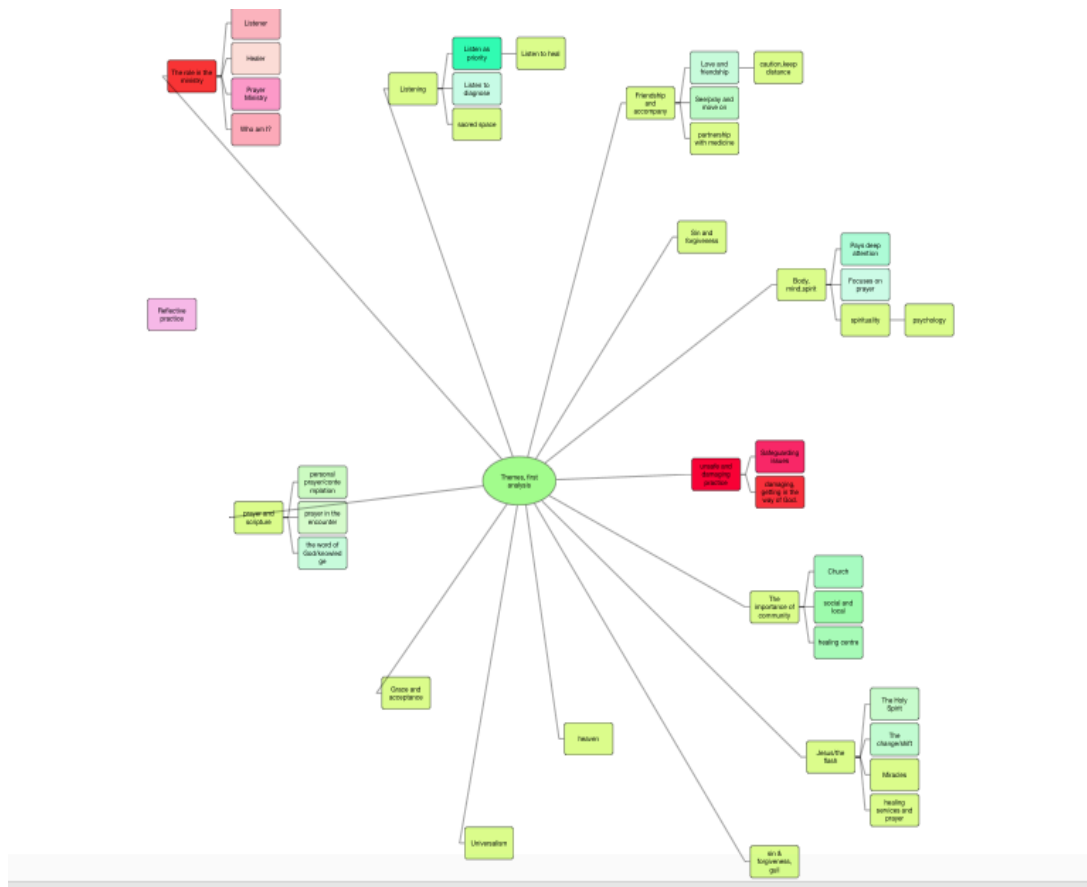
## Appendix 5. Final list of nodes and sub-nodes, empirical

The final developed themes were as follows:

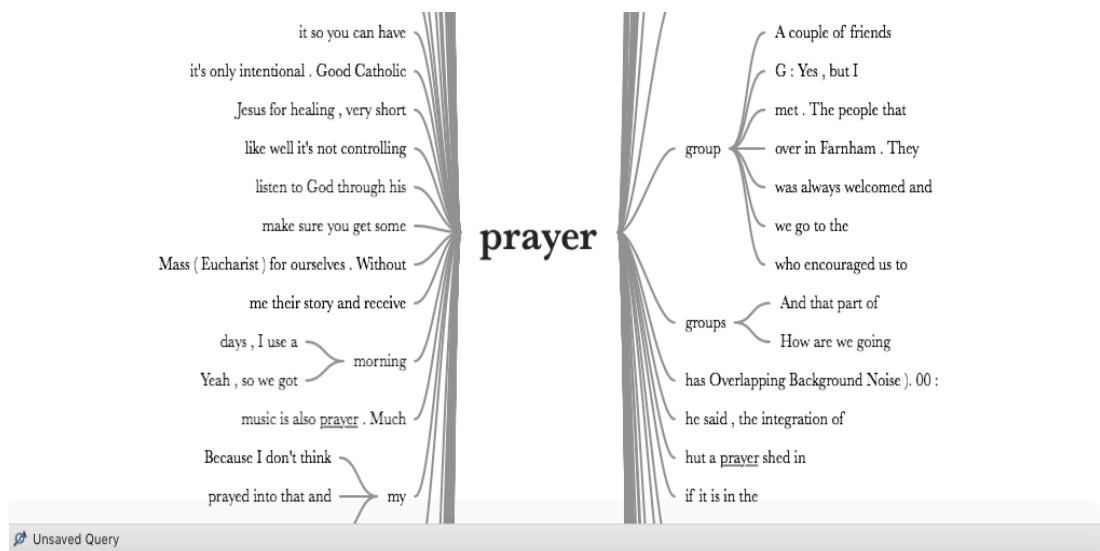
- Role in the ministry
  - Who am I?
  - Training
  - Prayer ministry
  - Partnership with medicine
  - Listener
  - Healer
  - Charisms and gifts
  - A channel for God
- Prayer and Scripture
  - Trust
  - The word of God/using the bible
  - Prayer in the encounter
  - Personal prayer-contemplation
- Listening
  - Using counselling
  - Sacred space
  - Listening to God
  - Listen to diagnose
  - Listen as a priority
  - Healing
  - Being fully present
- Body, mind and spirit.
  - Suffering
  - Spirituality
  - Spiritual DNA
  - Pays deep attention to the concept
  - Psychology
  - Focuses on prayer
  - Difficulty/importance of partnership with medicine
- Jesus 'the flash'.
  - Transformational

- The holy spirit
- Deliverance
- A shift
- Openness
- Miracles
- Laying on of hands
- Human agency
- Healing of memories
- Community
  - Social and local
  - Church
  - Healing centre
- Sin and forgiveness
  - Forgiving God
  - Forgiving self and others.
- Friendship and accompaniment
  - See, pray and move on
  - Love and friendship
  - Caution, keep distance
- Suffering, Grace and acceptance
  - Jesus wants us whole
- Unsafe and damaging practice
  - Wrong images of God
  - Safeguarding issues
  - Manipulation
  - Damaging, getting in the way
- Reflective practice
  - Supervision
  - Evidence
- Universalism
- Heaven
  - Music
- Hard work/different approaches
- Corporate healing (of Churches).

## Appendix 6. Examples of NVivo™ outputs



Mind map of nodes and sub-nodes.

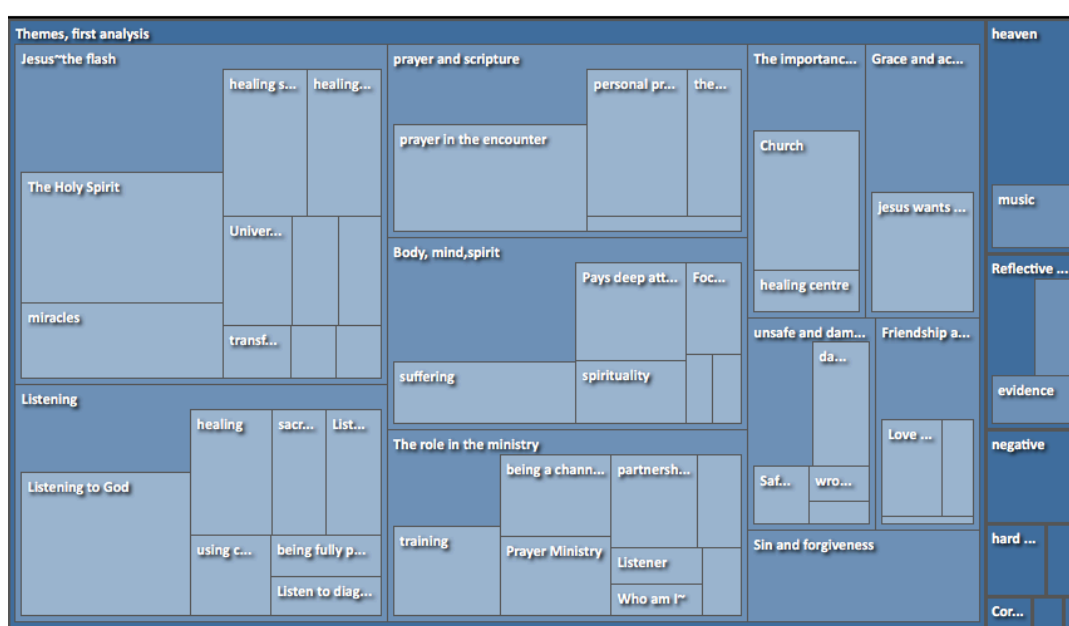


A word/phrase tree around prayer (above)/showing frequencies (below)

Internals	16	0.31%
Internals	26	0.42%
Internals	16	0.29%
Internals	15	0.29%
Internals	35	0.50%
Internals	21	0.44%
Internals	9	0.19%
Internals	13	0.30%
Internals	33	0.66%
Internals	15	0.28%
Internals	9	0.21%
Internals	12	0.20%
Internals	26	0.40%
Internals	14	1.72%
Internals	4	0.10%
Internals	17	0.23%
Internals	16	0.22%
Internals	13	0.47%
Internals	11	0.22%



**A cloud of words with 6+ letters.**



**Frequency of nodes (size correlates to volume).**